NOVA SCOTIA
Community Services

Family and Children's Services Division

Provincial Standards for Residential Child-Caring Facilities

May 17, 2000

ACKNOWLEDGEMENTS

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1994/1995 Committee on Standards of Residential Care Facilities for Children:

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- Donna Dickson, Nova Scotia Youth Training Centre, Truro
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1996/97/98 Advisory Committee on Standards for Residential Child-Caring Facilities:

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- Brian Amirault, Director, Hebron Residential Centre, Hebron
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- Estella Ervin, Coordinator, The Association for the Development of Children's Residential Facilities, Halifax
- Wilfred Jackson, Executive Director, The Nova Scotia Home for Colored Children, Dartmouth (Replaced by Althea Tolliver)
- Robert Myles, Executive Director, Family and Children's Services of Kings County, Kentville
- Paul Tingley, Acting Superintendent, Nova Scotia Residential Centre, Truro (Replaced by Kevin McInnis in 1997)
- Don Totten, Child Welfare Specialist-Western Region, Kentville
- Buddy Walzak, Child Welfare Specialist-Central Region, Halifax

February 1997, Working Group formed with the following members:

- Debra Burris (Chairperson)
- Estella Ervin
- Robert Myles
- Don Totten

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MANUAL INFORMATION

PURPOSE:

The purpose of this Manual is to provide minimum provincial Standards and requirements for any residential child-caring facility which is operated, approved or licensed under the Children and Family Services Act and Regulations as a residential child-caring facility. (See Appendix I for the list of facilities to which these Standards apply.)

These Standards have been developed to ensure the health, safety, and well being of all residents entrusted to the care of residential child-caring facilities in Nova Scotia. Residential child-caring facilities, for the purpose of this document, include all residential child-caring facilities serving children/youth in the care of a child welfare agency.

STANDARDS:

Standards specify mandatory procedures that are to be followed in a defined situation. They:

- are criteria against which the performance of persons, facilities, or programs can be measured and indicate the minimum, required level of performance.
- permit measurement in order to assist the facilities in monitoring the performance of staff and to assist the Department of Community Services in monitoring facility performance.

REQUIREMENT:

All residential child-caring facilities operated, approved or licensed as a residential child-caring facility under the Children and Family Services Act and Regulations shall comply with the Standards contained in this Manual and in all or any future amendments or additions issued by the Family and Children's Services Division, Department of Community Services.

The Department, however, does recognize that a facility may have specific program policies or procedures unique to their program/service and this is acceptable as long as the Standards contained in this Manual are met and not contravened by individual facility policy and/or procedures.

USING THE MANUAL

PAGE FORMAT: Each page of the manual has a heading which includes the section, subsection, subject, and reference if applicable.

SECTIONS are the major group of areas addressed. The section appears at the top of each page. The manual is divided into four major sections:

Section 1: Organization and Management
Section 2: Service Delivery
Section 3: Program Delivery
Section 4: Physical Plant

These major sections are followed by an Appendices Section located in Section 5.

Each Section of the Standards begins with the Index for that particular section and is followed by the Standards referenced in the Index.

SUBSECTIONS are the subdivisions of each section. Subsections appear at the top of each page under the section title. Under the sections you will find the following subsections:

Section 1: Organization and Management
- Mission, Policies and Procedures
- Admission and Discharge
- Human Resources
- Finance
- Records
- Serious Occurrences

Section 2: Service Delivery
- Rights and Responsibilities
- Personal Care
- Privacy

Section 3: Program Delivery
- Individual Plan of Care
- Transfer or Discharge
- Facility Programs
- Discipline
- Special Measures

Section 4: Physical Plant
- Living Accommodations
- Safety Measures

SUBJECTS are the titles under which each standard can be located. Each subject is identified by a decimal number. These numbers are recorded on the bottom right corner of each page for easy reference.

REGULATIONS: Where there is a legal requirement under the Regulations to the Children and Family Services Act, the Regulation is identified as a LEGAL REQUIREMENT in the heading.

DEFINITION OF TERMS is an explanation of specific words or phrases used.

INDICATORS are methods used to indicate compliance with the Standard. There are three types of indicators: documentation, interviews, and physical inspections.

SPECIAL INSTRUCTION is an explanation of the indicator if required.

TO FIND INFORMATION IN THE MANUAL:

1) Turn to the major Section Index.
2) Look up the desired subsection.
3) Locate the subject and identify location number.
4) Turn to the identified location number.

NUMBERING SYSTEM:

The first digit of the location number is the Section number.

The digit(s) following the first decimal refers to the subsection.

The digit(s) following the second decimal refers to the subject.

Example: Location Number 3.1.3

3 is the Section number (Section 3 - Program Delivery)
1 is the Subsection number (Individual Plan of Care)
3 is the Subject number (Individualized Plan of Care - Review)

MAINTAINING THE MANUAL:

The date shown at the bottom left of each page shows the most recent issue or revision. From time to time, it may be necessary to update Standards. AMENDMENTS to the manual will be issued with a notice of amendment procedures. The facility will be provided with updated information and will be requested to add, replace, or remove information as directed.

It is the Manual holder's responsibility to ensure the Manual is kept up to date as revisions, additions, or deletions are distributed.

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DEFINITION OF TERMS FOR THE PURPOSE OF THESE STANDARDS

- **Facility** - means a residential child-caring facility approved, licensed or operated by the Department of Community Services pursuant to the Children and Family Services Act and Regulations.

- **Administrative Officer, or delegate,** - means the person in charge of the operation of the facility or facilities and the person charged with the responsibility for the facility's compliance with the provincial Standards and legal requirements contained in the Children and Family Services Act and Regulations.

- **Resident** - means any child/youth in government care who is placed in the facility by a children's services agency mandated under the Children and Family Services Act and Regulations.

- **Staff** - means any person in the employ of the facility, including all permanent, casual, relief, part-time or contract staff.

- **Director** - any reference to the Director means the Director of Child Welfare, Family and Children's Services Division, Department of Community Services.

- **Executive Director** - any reference to the Executive Director means the Executive Director of the Family and Children's Services Division, Department of Community Services.

- **Agency/placing agency** - means a child welfare agency mandated under the Children and Family Services Act to place children in care and the agency legally responsible for the child/youth.

- **Licensing staff** - means the office of the Coordinator, Community Residential Services, Family and Children's Services Division, Department of Community Services, unless advised otherwise.

- **Regional Administrator** - any reference to the Regional Administrator means the Regional Administrator employed by the Department of Community Services in the Region where the facility is located. There are four Regional Administrators; one in the Northern Region, one in the Central Region, one in the Western Region, and one in the Eastern Region.

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STANDARD:

(1) Every facility shall maintain an up-to-date written statement that is culturally sensitive and sets out:

(a) the mission statement and a statement of purpose, values and beliefs which encompass the following beliefs about residential care and treatment for troubled children/youth:

- **Foundation**: that effective residential care is based on a clear mission statement, an articulated set of values and beliefs and a philosophy of treatment and that it is totally dedicated to the welfare, safety, security, and development of those it serves.
- **Commitment**: that it involves a commitment to finding solutions, a commitment to working together and, above all, a commitment to "hanging in" with children/youth and families, even during moments of frustration or failure. It recognizes that the development of an experience of belonging and connectedness, which is essential to effective treatment, is threatened by reactive discharge from a program.
- **Rights of youth and families**: that effective residential care recognizes and respects the rights and responsibilities of children/youth and families, including the right to confidentiality, privacy, the best treatment possible, and full involvement as participants in the care and treatment of the children/youth. The concerns and complaints of those receiving services from the residential program must be heard and responded to effectively and with sensitivity in a timely manner.
- **Family-focussed**: that in the context of individualized programs for children/youth and their families, residential care programs incorporate the values and beliefs of individual families into the treatment of the children/youth and family and that family members are involved in the daily life of the program and program staff are involved in the life of the family as a whole. One of the primary areas of focus is to help the family, as a whole, develop new patterns of interacting together while fostering the development of appropriate family relationships.

- **Individualized programming**: that the approach for each child/youth and family must be individualized (differential) according to their individual needs, and include community, medical, educational, social, and cultural aspects. That standardized approaches applied across different children/youth are not effective.
- **Approach**: that intervention planning and treatment must involve input from the child/youth and family, involve short-term, attainable goals, and motivate the youth and family to want to change their current patterns of living. Effective residential care operates under the assumption that the most appropriate method for facilitating change with troubled children/youth and their families is through the utilization of daily life events as they are occurring, that helping begins by knowing "where the child/youth is at" and beginning from that point, accepting them as they are, not as we might want them to be and that positive responses are much more important than negative ones in helping facilitate change. Finally, the externally-focussed, behaviour management and control approaches are less effective than approaches based on meeting individual needs, connectedness, relationship, and the development and experience of competencies.
- **Community involvement**: that effective treatment removes the child/youth from the community and their family only as much as is necessary in order to ensure effective treatment and that the goal is to involve or re-involve children/youth in the community as soon, and as much as possible, through the provision of community supports, follow-up, and integration.
- **Cooperation**: that residential care is a cooperative effort, involving children/youth, family, agency, and community working together in the best interests of the youth, respecting the strengths and contributions of all. The treatment approach must be consistent across professionals. Residential programs and staff seek the input and support of other professionals as is required to meet the needs of the individual youth and family. It recognizes that in working together cooperatively with families and other professionals, staff model appropriate relationships.

- **Flexibility**: effective residential programs adapt the program to fit the needs of the individual youth and family rather than insisting that the youth and family "fit the program" and try different approaches if the current one is not working. Flexibility also involves being flexible in terms of where the service is provided, in the facility, in the family home or in the community, as individual needs and approaches demand. Finally, that as new approaches or new youth and family needs emerge, the residential program and its approach change.
- **Effective staff**: that a residential care and treatment environment can only be as effective as the staff who work in the program. In effective residential care, a supported, well-trained, and committed staff work together under the guidance of a continuous individualized plan of care, to provide a safe, secure, positive, and structured environment tailored to meet the individual needs of each youth and family. Adherence to an articulated code of conduct enhances the quality of care and supports the safety of all.

(b) A description of the programs and services provided by the facility which are consistent with the above values and these standards.

(2) This statement shall be placed in a location so that it is clearly visible and accessible to all persons.

DEFINITION OF TERMS:

While these Standards make frequent reference to "family", it is recognized that not all youth have traditional family members who are able, willing, available, or even permitted to be involved in their lives. It is also recognized that for some youth there are appropriate significant others in their lives who fulfill the traditional role of family as implied in these Standards, (e.g., foster parents, relatives, etc.). These conditions should in no manner detract from the services, or the quality of the services, offered to troubled children/youth. In those situations where there is an appropriate significant other who fulfills the traditional role of family to a child/youth, then, for the purpose of these Standards and our services, these people should be considered as family.

Nor should it be assumed from anything written in these Standards that there is an approved definition of the level of quality of investment expected of families who receive services from residential programs. Thus, the definition of family, the level and type of involvement and the meaning of inclusion used for the purpose of these Standards is very broad, and is to be interpreted according to individual needs and situations.

Finally, it must be stated that no child/youth will be denied services, receive lesser quality services, or have important familial-type values ignored, just because they or their family does not meet the typical characteristics normally associated with the term family involvement.

INDICATORS:

Documentation:

(1) There is a written mission statement and statement of purpose, values and beliefs as well as a description of the programs and services provided by the facility which are in accordance with Standard (1)(a).
(2) The mission statement is current and consistent with the services being provided, including the type of program provided by the facility and needs of the residents and families being served.

Physical Inspection:

(1) Check that the written mission statement, incorporating purpose, values and beliefs, is in a location which is clearly visible and accessible to all persons.

STANDARD:

(1) Every facility shall have a written, up-to-date Policy and Procedures Manual.

(2) The facility's Policy and Procedures Manual shall include, but not be limited to, the following Policies and Procedures:
  (a) confidentiality;
  (b) code of conduct;
  (c) procedures for reporting allegations of child abuse;
  (d) rights and responsibilities of residents and parent(s)/legal guardian;
  (e) admission and discharge (planned and unplanned) procedures;
  (f) use of corporal punishment;
  (g) parent's complaint procedures;
  (h) resident's complaint procedures;
  (i) administration of medication;
  (j) medical and dental care of residents;
  (k) resident's mail, privacy, and personal possessions;
  (l) missing residents;
  (m) serious occurrences -- reporting and recording;
  (n) emergency evacuation procedures;
  (o) fire inspections and drills;
  (p) nutritional care of residents;
  (q) private communication with family or advocates of residents;
  (r) communicable diseases;
  (s) discipline;
  (t) staff complaint's procedure when they disagree or have a complaint.

(3) The administrative officer, or delegate, shall ensure that the facility's Policy and Procedures Manual is reviewed every two (2) years and a record, including the date of the review, is maintained in the Policy and Procedures Manual by the facility.

INDICATORS: Documentation:

(1) The facility has a written Policy and Procedures Manual.

(2) The Policy and Procedures Manual includes, as a minimum, items (a) through (t) of Standard (2).

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Mission, Policies and Procedures
SUBJECT: Confidentiality

STANDARD:

(1) Every facility shall have a written policy on confidentiality.
(2) The facility's policy shall include a requirement that all staff are instructed that any information gained with respect to any resident (past or present) or a resident's family is treated as confidential except in the course of their duties or when required by law. This shall include the time the staff person is in the employ of the facility or following the termination of services.
(3) The administrative officer, or delegate, shall ensure that all staff (permanent and casual) receive instruction in the policy respecting confidentiality as part of their orientation training.
(4) The administrative officer, or delegate, shall ensure resident files are maintained in a secure location.
(5) Every employee, as a condition of employment, shall sign a document that this policy has been read, understood, and accepted. A copy of this signed document shall be maintained in the personnel file of the employee.

INDICATORS:

Documentation:

(1) There is a written policy of confidentiality which adheres to the Standard.
(2) A written record that employees have read, understood, accepted, and signed the policy exists in the personnel file of each employee.

Interview:

(1) Interview a sample of employees to ensure policy of confidentiality is understood, accepted, and met.

Physical Inspection:

(1) Confirm that resident files are maintained in a secure location.

SECTION:	ORGANIZATION AND MANAGEMENT
SUBSECTION:	Mission, Policies and Procedures
SUBJECT:	Code of Conduct for Employees

STANDARD:

(1) Every facility shall maintain a Board or business-owner approved, written Code of Conduct and disciplinary policy for staff that is prepared by the administrative officer, or delegate, and is available to all the staff.

(2) The facility's written Code of Conduct shall be congruent with the code of ethics and Standards for Practice of North American Child and Youth Care Professionals (See Appendix IV for the Code of Conduct).

(3) The administrative officer, or delegate, shall ensure that all employees sign a document stating that they have received, read, and accepted the Code of Conduct.

(3) The administrative officer, or delegate, shall ensure that the signed document is maintained in the personnel file of the employee.

(4) A collective agreement may exist that specifies a code of conduct and/or a disciplinary policy for staff. A copy of the agreement shall be available to all staff.

DEFINITION OF TERMS:

Code of Conduct refers to the written policy of a facility regarding the day-to-day actions of staff in such matters as conflict of interest situations, ethical practices, behavioural and social expectations placed on staff, and grounds for disciplinary action.

The following are examples of policies that could be part of but are not exhaustive of the facility's code of conduct:

(a) **Conflict of interest** may refer to a policy a facility may have against individuals acquiring clients from their work in the facility for a private practice and/or other areas of potential conflict of interest.

(b) **Ethical practices** may refer to a policy a facility may have about maintaining the confidentiality of information about the resident in the agency's care.

(c) **Behavioural and social expectations** may refer to a policy a facility may have forbidding the consumption of alcohol by staff while on duty.

(d) **Unacceptable disciplinary practices** may refer to a policy a facility must have stating that the use of corporal punishment with children in care is prohibited.

(e) **Other grounds** may refer to a policy a facility may have for dealing with persons who do not follow the treatment plan of the facility.

INDICATORS: Documentation:

(1) There is a written code of conduct and disciplinary policy for staff that is prepared by the administrative officer and is available to the staff.
(2) The facility's Code of Conduct is congruent with the Code of Ethics and Standards for Practice of North American Child and Youth Care Professionals.
(3) Where a collective agreement exists which specifies a code of conduct and/or a disciplinary policy for staff that a copy of the agreement was provided to all staff.
(4) There is a written record that employees have read, accepted, and signed the policy and a copy of this signed document is kept in each employee's personnel file.

Interviews:

(1) Interview a sample of all staff to determine if they are aware of the code of conduct and/or a collective agreement which specifies a code of conduct and if both are available to them.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Mission, Policies and Procedures
SUBJECT: Reporting Allegations of Child Abuse
LEGAL REQUIREMENT: Children and Family Services Act. Chapter 5 of the Act of 1990, Section 22(2), p. 18; 24(1), p. 20; 24(2), p. 21; and 25(2), p. 22.

STANDARD:

(1) Every facility shall have a written policy and procedures for reporting allegations of child abuse as defined in the Children and Family Services Act (CFSA) which is congruent with the provincial protocol for residential child-caring facilities. (See Appendix V (a) and (b) for the reporting form and the legal requirements as defined in the Children and Family Services Act).

(2) Every employee, as a condition of employment, shall sign a document that the policies and procedures for reporting have been read, understood, and accepted.

(3) A copy of the signed document shall be kept in the personnel file of the employee.

(4) The administrative officer, or delegate, shall ensure that all staff receive training annually on the reporting protocol and this training shall stress the importance of proper record keeping of such.

(5) A record of this training, including date(s), names of staff participating and staff providing the training shall be maintained by the administrative officer, or delegate.

(6) The administrative officer, or delegate, shall ensure that the reporting policies are refreshed with each staff at the time of the staff members' annual evaluation and a record of this maintained by the facility in the employee's file. This record shall include the date, name of employee, name of staff conducting the annual evaluation and the signature of the employee.

INDICATORS: Documentation:

(1) There are written policies and procedures for the reporting of allegations of child abuse, and these procedures are congruent with the provincial Child Abuse Protocol for Residential Child-Caring Facilities.

(2) Where an allegation has been reported to a children's services agency, including allegations against a staff member, documentation regarding the reporting and handling of the staff person accused is recorded.

(3) There is a written record that all employees have read, understood, accepted, and signed the policy. A copy of this signed document has been kept in the personnel file of the employee.

(4) There is a written record that all employees have received training annually on the protocol for reporting allegations of child abuse and that each employee was refreshed on the reporting policies at the time of their annual evaluation.

Interviews:

(1) Interview the administrative officer, or delegate, to determine if any allegation of child abuse has been reported to a children's services agency and whether any staff members have been the subject of an allegation of child abuse by a resident.

(2) Interview a sample of staff to determine:
   (a) if they are aware of the Children and Family Services Act duty to report child abuse;
   (b) if they are aware of the facility's policy and procedures on how child abuse will be reported; and
   (c) if they have ever observed child abuse while working in this facility, and if so, if and how they have reported it;
   (d) if they have ever been accused of child abuse by a resident and, if so, what procedures were followed by the facility.
   (e) if they have receiving training on the protocol for reporting allegations of child abuse on an annual basis and were they refreshed on the reporting policies at the time of their annual evaluation.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Mission, Policies and Procedures
SUBJECT: Management of Resident's Dangerous Behaviour

STANDARD:

(1) Every facility shall comply with Policy #49, the Department of Community Services' policy concerning the Management of Resident's Dangerous Behaviour in Facilities (See Appendix VI for a copy of Policy #49).
(2) A copy of Policy #49 shall be maintained in the Policy and Procedures Manual of the facility.
(3) All staff shall receive instruction in this Policy as part of their orientation to the facility and a record of this maintained in the employee's file.
(4) Every employee, as a condition of employment, shall sign a document that Policy #49 has been read, understood, and accepted and a copy of this document shall be kept on the employee's file.

INDICATORS:

Interviews:

(1) Interview the administrative officer, or delegate, to see if the facility complies with Policy #49.
(2) Interview a sample of staff to determine if they are aware of the policy and procedures.

Documentation:

(1) The facility's Policy and Procedures Manual includes Policy #49.
(2) Review a sample of files to ascertain that there is a written record that all employees have received instruction in Policy #49 as part of their orientation to the facility and a written record that employees have read, understood, and accepted the Policy.

STANDARD:

(1) All facilities operated, approved or licensed pursuant to the Children and Family Services Act and Regulations shall operate in accordance with the Occupational Health and Safety Act and applicable Regulations and the administrative officer, or delegate, shall ensure that:

- (a) where there are between five (5) to nineteen (19) employees regularly employed by a facility which is operated by a child welfare agency, an Occupational Health and Safety *policy* exists pursuant to Section 27 of the Occupational Health and Safety Act;
- (b) the policy is reviewed annually by the employer and the Joint Occupational Health and Safety Committee or the Occupational Health and Safety representative and a record kept of this review, including those involved and the date(s);
- (c) where there are twenty (20) or more staff regularly employed by the facility, an Occupational Health and Safety *program* exists pursuant to Section 28 of the Occupational Health and Safety Act;
- (d) the program has been reviewed annually by the facility and the Joint Occupational Health and Safety Committee and a record kept of this review, including those involved and the date(s);
- (e) where there are twenty (20) or more staff regularly employed by the facility, a *Joint Occupational Health and Safety Committee* is formed in accordance with Section 29 and composed of members in accordance with Section 30 of the Occupational Health and Safety Act;
- (f) a list of the Occupational Health and Safety Committee members is recorded and maintained by the facility and is updated as required;
- (g) where no Committee is required pursuant to Section 29 and there are between five (5) to nineteen (19) employees regularly employed by a facility, then pursuant to Section 33 of the Occupational Health and Safety Act, there is an Occupational Health and Safety *Representative*;

  This *representative* shall be a frontline staff, chosen by their peers, whose role is to meet with the facility's administrative officer to address Occupational Health and Safety Act matters or to sit on the facility's/agency's Joint Occupational Health and Safety Committee.

(h) the name of the Occupational Health and Safety *representative* is recorded and maintained by the facility and updated as required;

(i) the minutes of the Occupational Health and Safety meetings are posted in the facility pursuant to Section 37 of the Occupational Health and Safety Act;

(j) the telephone number for the Occupational Health and Safety Division of the Department of Labour is posted in the facility in a location readily accessible to all staff.

DEFINITION OF TERMS:

Regularly employed employees refers to any staff (i.e., permanent, casual, relief, summer students, etc.) who work four (4) weeks or more per year.

INDICATORS:

Documentation:

(1) A written Occupational Health and Safety *policy* exists in facilities with five (5) or more employees.

(2) There is documentation confirming that the *policy* has been reviewed annually by the Joint Occupational Health and Safety Committee or the Occupational Health and Safety representative.

(3) A written Occupational Health and Safety *program* exists in facilities with twenty (20) or more employees.

(4) There is documentation confirming that the *program* has been reviewed annually by the facility and Joint Occupational Health and Safety Committee.

(5) Ensure that the name of the Occupational Health and Safety Representative is recorded and maintained by the facility and updated as required.

(6) Ensure that a list of the Occupational Health and Safety Committee Members is recorded and maintained by the facility and updated as required.

Interviews:

(1) Interview a sample of staff to determine if (1) they are aware of the facility policy and program, where applicable; the members of the Joint Occupational Health and Safety Committee, where applicable; the name of their Occupational Health and Safety Representative, where applicable; minutes

of Occupational Health and Safety meetings are accessible to them in the facility and (2) whether they have utilized the process where they had Occupational Health and Safety concerns.

Physical Inspection:

(1) Ensure that minutes of Occupational Health and Safety meetings are posted in a place readily accessible to all staff, pursuant to Section 37 of the Occupational Health and Safety Act.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Admission and Discharge
SUBJECT: Resident Admission Criteria

STANDARD:

(1) Every facility shall have a clear written admission criteria which stipulate those residents who can benefit from their program. These criteria shall include, but are not limited to the following:
  (a) resident's age and sex;
  (b) needs and presenting issues;
  (c) resident and family characteristics;
  (d) facility programs compatibility with resident's needs based upon admission information provided by the placing agency.

(2) Facilities shall admit only those children/youth requiring services for which the facility has been licensed or approved and who met the admission criteria. Every facility's admission criteria shall also include the submission of an application form, up-to-date social history and a case plan, which includes the goals of placement. Additional information which also shall be provided includes any educational assessments, psychological reports, and psychiatric history. (See Appendix II for sample form of "Residential Facilities Admissions Application").

INDICATORS:

Documentation:

(1) Admission criteria and documents required for application of a child/youth to the facility are written.
(2) Review the admission criteria to determine if it stipulates those residents who can benefit from the program.
(3) Review a sample of residents' files to determine that only those children/youth requiring services for which the facility has been approved or licensed and who meet the admission criteria are accepted into the facility.
(4) Review a sample of applications to determine that the admission criteria are respected.

Interview:

(1) Interview the administrative officer to determine that there is an application process prior to a resident's placement at the facility and that the admission criteria are respected.

SECTION:	ORGANIZATION AND MANAGEMENT
SUBSECTION:	Admission and Discharge
SUBJECT:	Admission Register
LEGAL REQUIREMENT:	Children and Family Services Act. Section 99, S.N.S. 1990, c.5. Regulation 29, p. 10.

STANDARD:

(1) Every facility shall maintain a current and up-to-date Register containing the following information: name of facility; full legal names of resident; resident's age and date of birth; resident's legal status; name of placing agency; name and phone number of resident's social worker; resident's usual place of residence; name, address and phone number of resident's parent(s)/legal guardian; name and phone number of an emergency contact person; date of admission to the facility; and date of discharge from the facility. (See Appendix III, for the standardized Admission Register).

INDICATORS:

Documentation:

(1) A Register is kept by the facility which complies with the Standard.
(2) The Register is kept current and updated as changes occur.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Admission and Discharge
SUBJECT: Maximum Resident Occupancy

STANDARD: (1) No facility shall have in residence a greater number of residents than that for which the facility is licensed.

INDICATORS: Documentation:

(1) The register of residents maintained by the facility indicates the maximum number of residents on any given day does not exceed that number for which the facility is licensed.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Admission and Discharge
SUBJECT: Admission and Discharge Procedures

STANDARD:

(1) Every facility which is approved, licensed or operated pursuant to the Children and Family Services Act and Regulations shall maintain written procedures relating to admission and discharge of residents and these procedures shall be included in the Policy and Procedures Manual for the facility.

(2) Admission procedures shall include but not be limited to the following:

- (a) A review of the written referral and discussion of the information between the facility and referring agency.
- (b) An observational assessment by the facility of whether the child meets the facility mandate and whether the facility is able to meet the needs of the child in partnership with the placing agency.
- (c) An intake meeting with the resident, parent or guardian, and social worker at the facility.
- (d) The provision of written program information to resident and parent(s)/guardian.
- (e) The signing of agreements and required permission forms for completing a medical examination.
- (f) An initial in-residence assessment and screening that evaluates the resident's behaviour (positive and challenging).
- (g) The development of the service plan involving the facility, resident, family, and placing agency that includes:
  - a description of the child's presenting behaviours (positive and challenging);
  - clearly stated goals to be accomplished by the facility during the period of service;
  - strategies the facility shall employ to address the challenging behaviours;
  - placing agency's role in the fulfillment of the service plan during the service period.

(3) **Planned discharge** procedures shall include but not be limited to:

- (a) A review of the service plan to assess whether the goals have been achieved.
- (b) The development of a specific discharge strategy that supports the resident and family in the transition back to home and community.

(c) A plan to provide appropriate aftercare or outreach services to the resident and family.

(d) The provision of a written discharge plan to the placing agency including the type of discharge (i.e., planned or unplanned), the time and date of the discharge, and reasons for discharge as soon as possible but within thirty (30) days.

(4) **Unplanned discharge** procedures shall only be utilized as a method of least resort and where:

(a) Every reasonable intervention has been tried and the safety of the resident, other residents, and staff cannot be maintained.

(b) The administrative officer, or delegate, of the facility has determined if additional supports or interventions can protect the resident, other residents, and the staff of the facility in order to maintain the placement.

(c) The administrative officer, or delegate, has determined that all reasonable interventions have been made, and it is clear the resident cannot be safely maintained in the facility.

(d) A case review has been conducted with the placing agency to determine what conditions need to be met to plan a replacement of the resident which can meet their presenting needs.

(e) Where the incident that precipitated the unplanned discharge occurs in the evening or overnight, the administrative officer, or delegate, shall make every reasonable effort to maintain the resident in the facility until the next day unless the resident's behaviour poses a serious threat of harm to the resident, other residents, or staff.

(f) Following an unplanned discharge, the administrative officer, or delegate, shall ensure that the placing agency is provided with a verbal report within forty-eight (48) hours and a written discharge summary report as soon as possible but within thirty (30) days which includes:

1) the type of discharge (i.e., unplanned);
2) the date and time of notice to the placing agency;
3) the date and time of discharge, and the reasons why the resident could not be safely maintained in the facility;
4) indication of whether the placing agency and the resident agreed with the discharge decision;
5) indication of how the resident was prepared for the discharge;

6) indication of the impact of the discharge notice on the resident;
7) indication of whether a subsequent placement had been identified at the time of discharge or if the resident was discharged without another available placement.

(g) A copy of this discharge summary shall be maintained on the resident's file.

INDICATORS: Documentation:

(1) Procedures relating to the Admission and Discharge (planned and unplanned) of residents are written and are included in the Policy and Procedures Manual for the facility.
(2) Written procedures relating to the Admission and Discharge (planned and unplanned) include the requirements of Standard 1.1.3 (2), (3) and (4).
(3) Review a sampling of residents' files to ensure compliance with the Standard, including unplanned discharges.

Interviews:

(1) Interview a sample of staff to ensure that the Admission and Discharge procedures for residents are understood and followed.
(2) Interview a sample of referring workers to determine if the procedures, as stated, are followed.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Admission and Discharge
SUBJECT: Service Contracts

STANDARD:

(1) Every facility, operated, approved or licensed pursuant to the Children and Family Services Act and Regulations shall prepare a written Service Contract with the placing agency each time a child is admitted to the facility.

(2) The Service Contract shall include the respective roles, responsibilities and expectations of both the facility and the placing agency during the resident's placement in the facility (see Appendix IX for sample of Service Contract).

(3) The service agreement shall be dated and signed by both the facility and placing agency and a copy placed on the resident's file.

(4) The administrative officer, or delegate, shall ensure that the service agreement is reviewed by the facility and the placing agency thirty (30) days after the date of admission and then at regular three(3)-month intervals while the child is a resident in the facility.

INDICATORS:

Documentation:

(1) Review a sample of residents' files to ensure Standards (1), (2), (3) and (4) have been fulfilled.

Interviews:

(1) Interview the administrative officer, or delegate, to determine if Service Contracts are completed on each resident in accordance with Standards (1) through (4).

STANDARD:

(1) Every Board or Governing Body who operates a residential child-caring facility or facilities licensed by the Department of Community Services pursuant to the Children and Family Services Act and Regulations shall ensure that the following are adhered to in the operation of the Board/Governing Body:

(a) that the role, function and structure of the Board are clearly defined in a written statement;

(b) that the facility's constitution and bylaws enable the Board to set the overall direction of any facilities under the direction of the Board and to develop policies related to the operation of any facilities under the direction of the Board;

(c) that the designation, composition, and responsibilities of the Board are compatible with the needs of the facility/organization;

(d) that the professions of the Board Members are a balanced representation of the community/client population served;

(e) that existing Board Members ensure that new Board Members receive a formal orientation to the facility's or facilities' values, goals, objectives, philosophy, programs and methods of operation, and a record including the name(s) of Board Members involved and the date is maintained;

(f) that the Board ensures that it has written operating policies and procedures;

(g) that the Board ensures that it has a regular system of planning and reviewing its goals;

(h) that the Board ensures that facilities operated by the Board are funded, housed, staffed and equipped in a manner matched to its program of services;

(i) that the Board ensures that facilities operated by the Board complies with all applicable laws, regulations and provincial Standards governing its services, employment of staff and all obligations;

(j) that the Board meets regularly, and at least quarterly, at a previously designated time and place and minutes of such meetings are maintained by the Board/Governing Body;

(k) that the Board delegates responsibility in writing for the administration of any facilities operated by the Board to an Executive Director, whom it holds accountable for the facility's/facilities' performance.

INDICATORS: Documentation:

(1) Review records, minutes of the Board to determine compliance with Standard (1).
(2) Review facility's constitution and bylaws to determine compliance with Standard (1).

Interviews:

(1) Interview the Executive Director of the facility/facilities to determine compliance with Standard (1) (k).
(2) Interview the President of the Board/Governing Body to determine compliance with Standard (1).

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Human Resources
SUBJECT: Organizational Structure

STANDARD:

(1) Every facility shall have a written organization model showing the administrative structure of the facility, the lines of authority and responsibility.
(2) The administrative officer, or delegate, shall ensure that the organization model is updated annually.
(3) A written record shall be kept by the facility confirming that the model has been updated annually.

INDICATOR:

Documentation:

(1) A written organizational model showing the administrative structure of the facility exists, showing lines of authority and responsibility.
(2) A written record exists confirming that the model has been updated annually.

Interviews:

(1) Interview a sample of staff to ensure the written model is current and that staff understand the structure, the lines of authority and responsibility.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Human Resources
SUBJECT: Administrative Officer in Authority
LEGAL REQUIREMENT: Children and Family Services Act. Section 99, S.N.S. 1990, c.5. Regulation 18 (1), 18 (2). p. 7, 8.

STANDARD:

(1) Every facility shall have an administrative officer who shall:
  - (a) ensure that the operation of the facility is in compliance with the policies and procedures of the facility and the provincial Standards for residential child-caring facilities;
  - (b) ensure that the facility complies with the requirements of the Children and Family Services Act and Regulations;
  - (c) be responsible for the overall management of the facility including staff orientation and in-service training;
  - (d) oversee the staff's planning and supervision of appropriate programs and activities in accordance with the interests of the residents; and
  - (e) ensure that there is another qualified staff member designated to act on that person's behalf in their absence.

(2) The administrative officer shall be a person who:
  - (a) is in good physical and mental health; and
  - (b) has sufficient education and experience to enable the person to perform the responsibilities set forth in Standard (1) and where the person was hired after the implementation of these Standards, there must be compliance with the requirements of Standard 1.3.9 (2).

INDICATOR: Interviews:

(1) Interview a sample of all staff to determine if the facility has an administrative officer responsible for the day to day management of the facility, and another qualified staff member designated to act on that person's behalf in their absence.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Human Resources
SUBJECT: Facility Services
LEGAL REQUIREMENT: Children and Family Services Act Regulations. Section 99, S.N.S. 1990, c.5. Regulation 19, p. 8.

STANDARD:

(1) Every facility shall develop, implement, and maintain the following services:
  - (a) effective care and treatment services sufficient to meet the needs of children, youth and families served by the program in accordance with the facility's mandate;
  - (b) sufficient nutritional standards and services which meet the developmental needs of the residents (in accordance with Canada's Food Guide, Standard 2.2.0 of Section 2 (Personal Care) and Section 27 of the Regulations of the Children and Family Services Act);
  - (c) facility's cleanliness and maintenance services sufficient to ensure a healthy and safe-living environment; and
  - (d) administrative support sufficient to ensure the effective running of the program.

INDICATORS:

Interviews:

(1) Interview the administrative officer and appropriate other staff to ensure compliance with the Standard.

Physical Inspection:

(1) Inspect the facility to determine if facility cleanliness and maintenance services are sufficient to ensure a healthy and safe living environment.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Human Resources
SUBJECT: Staff Position Descriptions

STANDARD:

(1) A facility shall develop, implement, and maintain position descriptions for all staff. Position descriptions shall include but not be limited to:
  (a) position title and classification;
  (b) reporting lines -- person to whom employee is accountable;
  (c) responsibilities of the position;
  (d) qualifications required.

INDICATORS:

Documentation:

(1) Position description exists for each staff position. Position title, classification, reporting lines, responsibilities, and qualifications are included in the description.

Interviews:

(1) Interview a sample of staff to determine that each person is familiar with the position description under which they are employed.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Human Resources
SUBJECT: Staffing Level Determination
LEGAL REQUIREMENT: Children and Family Services Act. Section 99, S.N.S.1990, c.5. Regulation 17 (1), 17 (2), p. 7.

STANDARD:

(1) A facility shall have sufficient staff to ensure:
  (a) compliance with the requirements of the Regulations to the Children and Family Services Act;
  (b) reasonable hours of work and holidays for each member of the staff;
  (c) that the scheduled hours of work reflect the needs of the residents in the program.
(2) A facility shall have on duty at all times a staff person who is capable of providing Standard First Aid and CPR.

INDICATORS:

Interviews:

(1) Interview the administrative officer, or delegate, to determine that the staff complement is sufficient to comply with the requirements of the Regulations to the Children and Family Services Act.
(2) Interview the administrative officer, or delegate, to determine that all staff have reasonable hours of work and receive the holidays to which they are entitled.
(3) Interview the administrative officer, or delegate, to determine that a staff person capable of providing emergency care, as defined in Standard (2), is on duty at all times.

Documentation:

(1) Review a sample of staff files to determine if up-to-date Standard First Aid and CPR certificates are on file.

SECTION:	ORGANIZATION AND MANAGEMENT
SUBSECTION:	Human Resources
SUBJECT:	Designation of Staff Responsibility

STANDARD:

(1) The administrative officer, or delegate, of the facility shall ensure that the administrative officer, or their delegate, is available as required for the operation of the facility.

INDICATOR:

Interviews:

(1) Interview a sample of program staff to determine if the administrative officer, or delegate, is always available when required.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Human Resources
SUBJECT: Staff/Resident Ratios

STANDARD:

(1) Every administrative officer shall employ a sufficient number of staff persons in each facility operated by the administrative officer to ensure the safety, care and appropriate treatment of residents and shall operate with no less than a minimum ratio of one (1) program staff to every four (4) residents averaged over a seventy-two(72)-hour period.
(2) Where educational programs are provided for residents in the facility, the education staff can be included in the minimum ratio averaged over a seventy-two(72)-hour period.
(3) It shall be recognized that to adequately provide for the needs of safety and security of both residents and staff, a higher staff ratio may be required from time to time or by a particular facility due to their client population.

DEFINITION OF TERMS:

Program staff refers to any staff member whose primary responsibility is the day to day care and supervision of residents.

Education staff refers to any staff member whose primary responsibility is the teaching, instruction, and supervision of residents in their care.

A ratio of one program staff to every four residents averaged over a seventy-two(72)-hour period refers to the total number of program staff active in the facility in relation to the number of residents in the facility in any seventy-two(72)-hour period. Part time program staff and educational staff can be included in this ratio. Volunteers and students working on placement are not to be included. When staff perform both administrative and program duties, their time should be apportioned accordingly for purposes of the ratio calculation.

Residents in the facility means those residents who are in the care of the facility (i.e., listed in the register). If a resident is absent for a substantial period of time (e.g., weekend at home) they do not need to be included in the staff/resident ratio for that period.

INDICATOR: Documentation:

(1) Select three sample days, two during the week and one on the weekend. Check the register on these days, the staff schedule and determine that the staff/resident ratios are met.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Human Resources
SUBJECT: Night Duty Staff

STANDARD:

(1) All night staff in a residential child-caring facility which is approved, licensed or operated by the Department of Community Services pursuant to the Children and Family Services Act and Regulations shall remain awake while on duty with the primary mandate of ensuring the physical and psychological safety and security of residents.

(2) The administrative officer, or delegate, shall ensure that there is sufficient night staff to ensure the physical and psychological safety and security of the residents.

(3) The administrative officer, or delegate, shall be available to night staff as required.

INDICATORS:

Interviews:

(1) Interview the administrative officer of the facility for night staff guidelines and expectations and compliance with Standard (2).

(2) Interview a sample of night duty staff to determine staff knowledge of guidelines and performance expectations are being met.

(3) Interview the administrative officer to determine whether the administrative officer, or delegate, is available to night staff at all times as required.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Human Resources
SUBJECT: Staff Qualifications

STANDARD:

(1) Following the implementation of these Standards, all staff (permanent, casual, part-time, and relief) hired to work in a residential child-caring facility which is approved, licensed or operated by the Department of Community Services pursuant to the Children and Family Services Act and Regulations shall meet the following minimum qualifications:
   (a) possess a recognized child-care worker diploma or Bachelor's degree in the human services field.

(2) Following the implementation of these Standards, the administrative officer or CEO/operator of a residential child-caring facility shall meet the following minimum qualifications at the time of hiring:
   (a) a Master's degree in a helping profession plus three (3) years' related experience; or
   (b) a Bachelor's degree in a helping profession plus five (5) years' experience working in a residential child-caring facility, including three (3) years' supervisory experience; or
   (c) a recognized child-care worker diploma plus ten (10) years' experience working in a residential child-caring facility, including five (5) years' supervisory experience.

(3) Confirmation of staff qualifications shall be maintained on the personnel files of each individual staff member.

(4) Confirmation of the administrative officer, or CEO/operator in the case of a for-profit service, qualifications shall be submitted as part of their application when applying to operate a residential child-caring facility pursuant to Section 14(2) of the Regulations to the Children and Family Services Act.

DEFINITION OF TERMS:

Helping profession is defined as persons possessing a Master's or Bachelor's degree in social work, psychology, clinical nursing, child/youth care, residential care, or other relevant disciplines in the human services field.

INDICATORS: Documentation:

(1) Review a selection of personnel files to ascertain if all new staff hired meet the minimum qualifications of the Standard and that confirmation of their qualifications is maintained on their personnel file.
(2) Review the application submitted to the Minister of Community Services pursuant to Section 14(2) of the Regulations to the Children and Family Services Act to ascertain that the administrative officer, or CEO/operator of the facility meets the minimum qualifications prescribed by Standard 1.3.8 (2).

Interview:

(1) Interview the administrative officer, or delegate, to determine if all staff meet the minimum qualifications prescribed by the Standards.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Human Resources
SUBJECT: Staff Orientation - Emergency Procedures

STANDARD:

(1) Every facility shall have written emergency procedures.

(2) Emergency procedures shall include:
   (a) fire and emergency evacuation procedures;
   (b) serious injury;
   (c) suicide threats/attempts;
   (d) death of a resident;
   (e) unknown whereabouts of a resident for a set period of time; and
   (f) any other situation which causes danger to residents and/or staff.

(3) The administrative officer, or delegate, of a facility shall ensure that all new employees are instructed in all the emergency procedures of the facility at the time of commencing work and at least annually thereafter and that a record of this is kept in the employee's file. Staff may be given instructions individually or in groups, or be provided with reading materials.

(4) All employees, as a condition of employment, must sign that they have received, read, understood, and accepted instructions in all the emergency procedures of the facility at the time of commencing work and annually thereafter.

DEFINITION: OF TERMS:

Emergency procedures refer to the specific courses of action an employee must carry out in those situations classified as emergencies.

The facility may specify other situations that warrant specialized procedures dependent upon:
(a) the geographic location of the facility;
(b) the nature of the program activities;
(c) the type of residents served by the facility.

INDICATORS: Documentation:

(1) Written emergency procedures do exist.
(2) The facility's procedures include items (a) through (f) of Standard (2).
(3) A written record of completion of the training exists on employees' files.
(4) A written record that employees have read, accepted, and signed the policy exists for each employee.

Interviews:

(1) Interview a sample of all staff to determine if they are instructed in the facility's emergency procedures before or during the first time on duty, and at least annually thereafter.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Human Resources
SUBJECT: Staff Orientation - Policies and Procedures

STANDARD:

(1) The administrative officer, or delegate, of each facility shall ensure that each employee receives an orientation with respect to the policies and procedures of the facility within fifteen (15) days of the commencement of employment in the facility. A form signed by the employee, verifying their participation in the orientation shall be placed on the employee's personnel file.

(2) A copy of the written policies and procedures shall be made easily accessible to all employees.

INDICATORS:

Documentation:

(1) Review a sample of employees' files to ensure there is written confirmation of their participation in orientation within thirty (30) days of their commencement of employment in the facility.

Interviews:

(1) Interview the administrative officer and a sample of staff to determine if each employee has received an orientation with respect to the policies and procedures of the facility within thirty (30) days of commencement of employment.

Physical Inspection:

(1) Check that a copy of the written policies and procedures is easily accessible to all employees of the facility.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Human Resources
SUBJECT: Staff Training and Development

STANDARD:

(1) The administrative officer of a facility shall provide an ongoing training and development program for all staff. The program shall include but not be limited to:
   - (a) an orientation course for new staff members which includes training respecting all operational policies and procedures, fire and evacuation procedures, emergency first aid, CPR, Non-Violent Intervention Training, rights of residents and parents, procedures for reporting allegations of child abuse and confidentiality;
   - (b) refresher training in all items listed in (a) every two(2) years as a minimum except fire and evacuation procedures which must be completed annually;
   - (c) cultural sensitivity training within the first year of employment;
   - (d) other training courses specific to the employee's position description;
   - (e) supervision and direction to improve knowledge and skills;
   - (f) access to professional resource materials.

(2) A written record of all staff training and development, including all refresher training shall be maintained for each employee of the facility.

INDICATORS:

Documentation:

(1) A written record of staff training events, including the orientation course and refresher training, exists for each employee of the facility.

Interview:

(1) Interview the administrative officer to determine that:
   - (a) all staff receive the orientation course and refresher training every two years as required by the Standard;
   - (b) staff have access to other training courses specific to their position description; and
   - (c) staff have access to professional resource materials.

(2) Interview the administrative officer, or delegate, to determine that supervision of staff promotes learning of knowledge and skills.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Finance
SUBJECT: Financial Management
LEGAL REQUIREMENT: Children and Family Services Act. Section 99, S.N.S. 1990, c.5. Regulation 12 (1), 12 (2), p.6.

STANDARD:

(1) Every child-caring facility approved or licensed pursuant to the Children and Family Services Act and Regulations shall acknowledge the importance of a system of administrative and accounting control procedures to ensure that public funds provided for the facility are spent in accordance with program standards and the approved budget, and this acknowledgement shall be included in policy.

(2) The administrative officer, or delegate, will implement and maintain systems which ensure compliance with Standard (1) and any system changes recommended by the Department of Community Services shall be implemented.

(3) The analysis of financial position and comparison of approved budget to actual results represents an important source of control over the operations of the facility and provides an important source of information for sound financial decision making. Therefore, the administrative officer, or delegate, shall ensure that a balance sheet and a year-to-date budget-versus-actual statement of revenues and expenditures are prepared monthly and presented to the Board of Directors or business owners on a quarterly basis for formal approval. A record including the date of these monthly presentations shall be maintained by the facility

(4) The Board of Directors or business owners shall exert control over the operations of the facility. Segregation of duties is an important control in safeguarding assets and protecting stakeholders. Required control procedures include but are not limited to the following:
   (a) approval of annual audited financial statements;
   (b) establishment of authority levels for staffing, incurring expenditures or borrowing funds;
   (c) establishment of appropriate cheque signing authority
   (d) control over revenues and cash receipts;
   (e) retention of minutes for all Board of Directors' meetings, where applicable;
   (f) approval of the reconciliation of T4's and T4 summary to annual salary expense per financial statements;
   (g) review of all significant communications with government.

(5) In all child-caring facilities approved or licensed by the Department of Community Services pursuant to the Children and Family Services Act and Regulations, all related party transactions must be formally approved and documented by the Board of Directors or business owners. These and other transactions and activity requiring approval include:
  (a) rates and timing of remuneration;
  (b) any other form of remuneration which, at the organization's expense, confers a benefit on an employee;
  (c) purchases or sales from or to a company owned or controlled by an employee or Board member;
  (d) any other transaction between the organization and an employee or Board member or related person;

(6) Where travel is incurred, travel claims shall be completed which detail the period covered, destination and purpose for each trip, and cost broken down by accommodation, meals, mileage and other. The travel claims shall bear evidence of the authorization of the employee's immediate supervisor and this shall be maintained by the facility. In the case of a non-profit society, travel claims of the administrative officer, or delegate, or Board members shall be approved by the Board and a record of this maintained by the Board.

(7) Facilities shall require every Board and staff member who has signing authority for any receipt, deposit, or withdrawal, by cheque or otherwise, of public funds to be bonded. Confirmation of this shall be maintained by the facility.

(8) Facilities shall carry sufficient insurance to cover replacement value of assets and sufficient liability insurance for the Board and organization. A copy of insurance documents shall be maintained.

DEFINITION OF TERMS:

Board refers to the Board of Directors of a private, non-profit organization.

Business owners refer to the Chief Executive Officer (CEO) of a private, for-profit organization.

Facility refers to a residential child-caring facility (see Appendix I for listing) that is licensed, approved or operated by the Department of Community Services pursuant to the Children and Family Services Act and Regulations.

INDICATORS: Documentation:

(1) Review facility's policies to ensure compliance with Standards (1) and (2).
(2) Review facility's financial records to ensure that a balance sheet and a year-to-date budget-versus-actual statement of revenues and expenditures are prepared monthly, and there is a record of the presentations to the Board to business owners in accordance with Standard (3).
(3) Review facility's financial systems to ensure compliance with Standards (4), (5), and (6).
(4) Review facility records to ensure there is confirmation that staff with signing authority have been bonded.
(5) Review Board/facility records to ensure compliance with Standard (8).

Interviews:

(1) Interview the administrative officer, or delegate, to ascertain compliance with the Standard.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Finance
SUBJECT: Annual Facility Budgets
LEGAL REQUIREMENT: Children and Family Services Act. Section 99, S.N.S. 1990, c.5. Regulation 12 (1), 12 (2), p.6.

STANDARD:

(1) The administrative officer, or delegate, of a facility, operated, licensed or approved pursuant to the Children and Family Services Act and Regulations, shall prepare and submit an annual budget for the facility for the fiscal year ended March 31.
(2) The budget submission shall disclose all anticipated revenues and expenditures for the facility.
(3) Where an organization or individual operates more than one facility, a separate budget shall be prepared for each facility by the administrative officer, or delegate.
(4) Each budget shall show the costs for each facility as well as any costs shared with other facilities or entities operated by the organization or individual. The basis for apportionment of costs shall be fully disclosed.
(5) The administrative officer, or delegate, shall submit each facility's annual budget by the 31st day of January for the upcoming fiscal year.
(6) The budget shall be submitted to the Regional Administrator in the Region where the facility is located unless specifically directed otherwise.

DEFINITION OF TERMS:

Facility refers to a residential child-caring facility (see Appendix I for listing) that is licensed, approved or operated by the Department of Community Services pursuant to the Children and Family Services Act and Regulations.
Business owner refers to the Chief Executive Officer (CEO) of a private, for-profit organization.

INDICATORS:

Documentation:

(1) Review the records of the Regional Administrator to determine if the facility has complied with Standards (1) through (6).

Interviews:

(1) Where there are questions respecting compliance with Standards (1) through (6), interview the administrative officer, or delegate, or business owner.

SECTION:	ORGANIZATION AND MANAGEMENT
SUBSECTION:	Finance
SUBJECT:	Annual Audited Financial Statements
LEGAL REQUIREMENT:	Children and Family Services Act. Section 99, S.N.S. 1990, c.5. Regulation 12 (1), 12 (2), p.6.

STANDARD:

(1) Every child-caring facility approved or licensed pursuant to the Children and Family Services Act and Regulations shall have its financial statements audited annually for the year ending March 31 in accordance with generally accepted auditing standards by an accountant licensed under the Public Accountants Act.

(2) The administrative officer, or delegate, shall ensure the audited financial statements include:
   (a) a Balance Sheet detailing all assets and liabilities; and
   (b) a Statement of Revenue and Expenditures;

and are prepared in accordance with generally accepted accounting principles.

(3) The Statement of Revenue and Expenditures shall disclose all revenues and expenditures for the facility. Where an organization or individual operates a facility, the revenues and expenditures for each facility and other operations shall be disclosed.

(4) The administrative officer, or delegate, shall submit the audited financial statements to the licensing staff, Department of Community Services, and the Regional Administrator in the Region where the facility is located unless specifically directed otherwise.

(5) The administrative officer, or delegate, shall submit the financial statements to the licensing staff, Department of Community Services, and the Regional Administrator for the Region where the facility is located not later than June 30 each year for the previous fiscal year ending March 31.

DEFINITION OF TERMS:

Facility refers to a residential child-caring facility that is licensed or approved by the Department of Community Services (see Appendix I for listing) pursuant to the Children and Family Services Act and Regulations.

Business owner refers to the Chief Executive Officer (CEO) of a private, for-profit organization.

INDICATORS: Documentation:

(1) Review the financial records of the facility to ensure there is compliance with Standards (1) through (5).

Interviews:

(1) Where there are questions respecting compliance with Standards (1) through (5), interview the administrative officer, or delegate, or business owner.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Finance
SUBJECT: Other
LEGAL REQUIREMENT: Children and Family Services Act. Section 99, S.N.S. 1990, c.5. Regulation 12 (1), 12 (2), p.6.

STANDARD:

(1) Every facility approved or licensed by the Department of Community Services pursuant to the Children and Family Services Act and Regulations shall submit an annual report summarizing the activities of the organization not later than June 30 each year for the previous fiscal year ending March 31. The report shall be submitted to the Regional Administrator, Department of Community Services, in the Region where the facility is located.

(2) Each facility shall submit to the Regional Administrator in the Region where the facility is located the facility's annual days of care listed by month not later than June 30 each year for the previous fiscal year ending March 31.

(3) Every non-profit organization operating a facility shall provide to the Regional Administrator in the Region where the facility is located on an annual basis a current list of the Board of Directors and officers of the Board.

(4) Each facility shall immediately report to the Regional Administrator in the Region where the facility is located any suspicions of fraud, loss, or misuse of assets.

(5) Each non-profit organization operating a facility shall be incorporated under the Societies' Act or the Children and Family Services Act, as applicable, and comply with the requirements of the Acts.

(6) Every non-profit organization operating a facility shall provide the Regional Administrator in the Region where the facility is located a copy of their bylaws and any subsequent changes to the bylaws.

(7) Each facility shall allow at any reasonable time, an employee or authorized representative of the Department of Community Services access to their premises, equipment, books, and records.

DEFINITION OF TERMS:

Facility refers to a residential child-caring facility, licensed or approved by the Department of Community Services (see Appendix I for listing) pursuant to the Children and Family Services Act and Regulations.

DEFINITION OF TERMS:

Business owner refers to the Chief Executive Officer (CEO) of a private, for-profit organization.

INDICATORS:

Documentation:

(1) Review the records of the Regional Administrator in the Region where the facility is located to ensure compliance with Standards (1) through (6).

Interviews:

(1) Where there are questions respecting compliance with Standards (1) through (6), interview the administrative officer, or delegate, or business owner.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Finance
SUBJECT: Resident Monies

STANDARD:

(1) Where a facility receives monies for the benefit and use of a specific resident, the facility shall keep and maintain a record thereof and hold these monies in trust, for and on behalf of the resident.

(2) Where a facility assumes this responsibility, individual records for each resident shall be maintained which documents the date(s), amount(s), and source(s) of all monies received. The record sheet will be a recognized and acceptable accounting format.

(3) Where a resident is provided with any of this money from the facility, the resident shall sign for receipt of this money and a copy of this transaction shall be maintained by the facility.

(4) Where monies are issued to residents on a regular monthly basis, the facility may retain these monies onsite in a secure location.

(5) In situations where resident's monies accumulate, a bank account shall be established in the resident's name.

(6) Where a resident is considered to be competent by the Executive Director/District Manager of the placing agency and the administrative officer of the facility, monies shall be released to the resident upon their request, and a written record of this shall be maintained by the facility.

INDICATORS: Documentation:

(1) A recording system exists to ensure a resident's financial records are maintained, organized, accessible and in a form which facilities review.

(2) A recording system exists that ensures receipts are issued for cheques received when requested or required.

(3) A recording system exists that ensures receipts are issued for all monies received in the form of currency.

(4) Where a resident receives money from the facility, that a receipt, signed by the resident, is maintained by the facility for all transactions.

(5) Where a resident is considered to be competent by the Executive Director/District Manager of the supervising agency and the administrative officer of the facility, to have monies released to them upon request, that there is a written record of this agreement maintained by the facility.

Physical Inspection:

(1) Confirm that resident monies are maintained in a secure location.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Records
SUBJECT: Resident Records Security

STANDARD:

(1) The administrative officer, or delegate, of a facility shall ensure that resident records are kept secure and that only persons, with confidentiality clearance, authorized by the administrative officer or staff of the Department of Community Services in the execution of program audits/reviews or investigations of complaints shall have access to the records.
(2) The administrative officer, or delegate, of a facility shall ensure that written procedures are in place to access, use, and maintain case records.

DEFINITION OF TERMS:

Resident records include all case records, individualized plan of care (initial and review), all transfer or discharge (planned or unplanned) summaries, the resident's Daily Log, records of medication, all advisements given the resident in accordance with the requirements of these Standards, all records concerning the use of the secure isolation room where the facility has approval to operate one, and any other record made by the facility respecting a resident and their treatment in the facility.
Authorized persons are persons specifically designated by the administrative officer as having access to the records or staff of the Department of Community Services in the execution of program audits/reviews or investigations of complaints.

INDICATOR:

Documentation:

(1) Procedures to access, use, the use and maintain case records are written.

Interview:

(1) Interview the administrative officer and a sample of staff to ensure the system in use ensures security of resident records.

Physical Inspection:

(1) The physical location of resident records ensures the security of the system in use.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Records
SUBJECT: Resident Admission Form

STANDARD:

(1) The administrative officer of a facility shall keep records of each resident showing:
  (a) the name, date of birth and sex;
  (b) the resident's height, weight, any distinguishing features, and a current picture for identification purposes;
  (c) the resident's date of admission and discharge, whether the discharge was planned or unplanned, telephone number for next of kin, and placing agency;
  (d) the name, address, home and business telephone number of parent(s) if applicable and supervising agency;
  (e) the name and telephone number of a physician to contact in the event of accident or illness;
  (f) any medications and therapeutic diets prescribed by, and any special instructions given by the resident's physician to the facility;
  (g) any medical disabilities made known to the administrative officer by the resident, their physician or parent(s) or supervising agency.

(2) The basic resident information as described, shall be acquired by the administrative officer for each resident at the time of their admission to the facility and updated regularly as changes occur.

(3) This information shall be updated as changes in information on resident status occur.

(4) This information shall be recorded on a form retained on file in a readily accessible location within the facility for staff reference.

INDICATORS: Documentation:

(1) Records of each resident show the data specified in Standard (1) and that updates are made as changes occur.

Physical Inspection:

(1) The specified resident information retained on file is in a readily accessible location within the facility for staff reference.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Records
SUBJECT: Resident's Daily Log

STANDARD:

(1) The administrative officer, or delegate, shall ensure that a resident's Daily Log is maintained on each resident in the facility or facilities operated by the administrative officer.
(2) Each incident that affects or may affect the health, safety, well-being, or treatment of a resident or staff person in the facility shall be included in the Daily Log. This shall include, but is not limited to, contacts, significant interactions with family, peers, community involvements, school reports, contacts with other professionals, notable behaviours, etc.
(3) Recording in the Daily Log shall occur as soon as possible after the contact, conversation, incident, etc. but not later than the completion of the staff person's shift.

DEFINITION OF TERMS:

Resident's Daily Log is a notation that summarizes each day's events. The Daily Log ensures the accurate exchange of information among staff as well as the recording of events affecting the operation of the facility or the care of the residents.

INDICATOR:

Documentation:

(1) Review at least one week of the Daily Log to determine whether it includes a brief statement of each day's events that affect the treatment, health, safety, general well-being or care of the residents or staff.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Resident Records
SUBJECT: Record Keeping/Documentation

STANDARD:

(1) The administrative officer, or delegate, shall ensure that there is an appropriate standard of record keeping and that the records are in kept in the following manner:
   - (a) documentation clearly identifies the resident by their full name;
   - (b) documentation is adequate, specific, clear, concise, complete and relevant;
   - (c) documentation is free of jargon;
   - (d) documentation is objective, professional, free of opinions, non-judgemental, and non-prejudiced;
   - (e) documentation clearly identifies parent(s)/guardian, placing agency or other collaterals by their full name, not first name only;
   - (f) where records are handwritten, they are legible so that anyone can read them, and are written in ink.

DEFINITION OF TERMS:

Resident records include all case records, individualized plan of care (initial and review), all transfer or discharge (planned or unplanned) summaries, the resident's Daily Log, records of medication, incident reports, all advisements given the resident in accordance with the requirements of these Standards, all records concerning the use of the secure isolation room where the facility has approval to operate one, and any other record made by the facility respecting a resident and their treatment in the facility.

INDICATOR: Documentation

(1) Review a sample of resident records including Daily Log to determine if records are completed in accordance with Standard (1) (a) through (f).

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Records
SUBJECT: Retention of Resident Records

STANDARD:

(1) The administrative officer, or delegate, of a facility, operated, approved or licensed by the Department of Community Services pursuant to the Children and Family Services Act and Regulations shall have a policy that requires all resident records to be maintained by the facility indefinitely.
(2) The administrative officer, or delegate, of the facility shall have written procedures to ensure the safe and proper storage of resident records indefinitely.

DEFINITION OF TERMS:

Resident records include all case records, individualized plan of care (initial and review), all transfer or discharge (planned or unplanned) summaries, the resident's Daily Log, records of medication, incident reports, all advisements given the resident in accordance with the requirements of these Standards, all records concerning the use of the secure isolation room where the facility has approval to operate one, and any other record made by the facility respecting a resident and their treatment in the facility.

INDICATORS:

Documentation:

(1) Ensure the facility has a written policy requiring the retention of resident records indefinitely.
(2) Ensure the facility has written procedures for the safe and proper storage of resident records.

Interviews:

(1) Interview the administrative officer, or delegate, to ensure there are policies and procedures in place in accordance with Standards (1) and (2).

Physical Inspection:

(1) The physical location of resident records ensures the security of resident records.

SUBJECT: Personnel Records

STANDARD:

(1) The administrative officer of a facility shall keep such personnel records as may be required with respect to the operation of the facility and makes these available on request by the authorities of the Department of Community Services. The personnel file on each employee shall include, but not be limited to, the following:

- (a) Application for employment, employee qualifications including employment and education history, character references, references from their recent and preferably current supervisors who have worked with the candidate for a significant period of time to be able to offer an informed assessment, dates of employment, job classifications or reclassifications, pay rate or salary, and birth certificate.
- (b) A document confirming that the person is not registered in the provincial Child Abuse Register at the time of hiring.
- (c) A document indicating that the person has had a Criminal Record Check completed at the time of hiring.
- (d) Staff evaluation, performance appraisals and any correspondence related to personnel transactions.
- (e) A document signed by the employee indicating that they have read, understood, and accepted the standards with respect to confidentiality of information.
- (f) A document signed by the employee indicating they have read, understood, and accepted the policy on the Management of Resident's Dangerous Behaviour in Facilities (Policy #49) and subsequent annual reviews by the supervisor or administrative officer of the facility.
- (g) A document signed by the employee indicating they have read, understood, and accepted the procedures for reporting allegations of child abuse.
- (h) A document signed by the employee verifying that they have received refresher training in the child abuse reporting policies at the time of their annual evaluation.
- (i) A document signed by the employee verifying their participation in the orientation of facility policies and procedures within fifteen (15) days of commencement of employment in the facility.

(j) A document signed by the employee verifying the successful completion of Certification of Non-Violent Crisis Intervention Training within three (3) months of hiring or evidence that the employee was certified at time of employment.

(k) A document signed by the employee indicating that they have read, understood, and accepted the procedures for responding to serious occurrences.

(l) A document signed by the employee verifying they have read, understood, and accepted the Standards of Conduct.

(m) A document signed by the employee verifying that they have read, understood, and accepted the policies and procedures with respect to acceptable and unacceptable disciplinary practices.

(n) A document signed by the employee verifying that they have read, understood, and accepted the policies and procedures with respect to use of corporal and other prohibited punishments.

(o) A document singed by the employee verifying that they have received, read, understood and received instruction in the emergency evacuation plan for the facility as part of their orientation.

(p) A document signed by the employee that they have read, understood and accepted the procedures for responding to missing residents.

(q) Record of sick leave, vacation or special leave benefit.

(r) Medical plan and retirement benefits.

(s) Records of training and further education.

INDICATORS: Documentation:

(1) Review a sample of personnel records to determine items indicated in the standard are maintained for each employee.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Serious Occurrences
SUBJECT: Serious Occurrences Procedures

STANDARD:

(1) The administrative officer, or delegate, of the facility shall ensure that there are written procedures for staff to follow should a serious occurrence take place concerning a resident(s). Procedures shall include reporting, recording, and debriefing of residents and staff as required.
A "serious occurrence" shall be defined as where:
    (a) a resident dies;
    (b) a resident is seriously injured;
    (c) a resident or residents reside in a facility where a fire or other disaster has occurred;
    (d) due to an accident or illness, a resident requires medical treatment or hospitalization;
    (e) a resident is missing, lost or runaway and police have been notified;
    (f) the removal or attempted removal of a resident from the facility or school by unauthorized persons;
    (g) any other circumstance occurring which affects the safety or well-being of the resident.
(2) The administrative officer, or delegate, shall ensure that the written procedures for a serious occurrence are easily accessible to staff and that as a condition of employment, all staff sign a document that these procedures have been read, understood, and accepted. A copy of this signed document shall be maintained by the facility in the personnel file of the employee.

INDICATORS:

Documentation:

(1) Procedures to follow in the event of a serious occurrence are written.
(2) There is a record in the personnel file of each employee that they have read, understood, and accepted the procedures.

Interviews:

(1) Interview the administrative officer, or delegate, and a sample of staff to determine that staff understand and follow the written procedures.

Physical Inspection:

(1) The written procedures for serious occurrences are easily accessible to all staff.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Serious Occurrences
SUBJECT: Serious Occurrences Procedures - Reporting and Recording

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STANDARD:

(1) Where there is a serious occurrence, the administrative officer, or delegate, of the facility shall ensure that:
   (a) the parent(s)/legal guardian, the placing agency, the Regional Administrator for the Region where the facility is located, and the Director of Child Welfare are informed verbally of the situation as soon as possible but within twenty-four (24) hours of the occurrence. A record of this advisement shall be maintained by the facility including the date, time, names of persons contacted and names of facility staff who provided the report;
   (b) as soon as possible following the occurrence, but not more than seventy-two (72) hours after the occurrence, the administrative officer, or delegate, shall provide the placing agency, the Regional Administrator for the Region where the facility is located, and the Director of Child Welfare with a written report confirming the occurrence and the action taken; and
   (c) within two (2) weeks of the occurrence, the administrative officer, or delegate, shall provide the placing agency, Regional Administrator for the Region where the facility is located, and the Director of Child Welfare with a report outlining the details of the serious occurrence, the follow-up action taken, and the status of the resident(s).

(2) All serious occurrences shall be documented by the administrative officer, or delegate, in accordance with the facility procedures and Standard (1).

INDICATORS: Documentation:

(1) The facility's written procedures, in the event of a serious occurrence, include the requirements of Standard (1) and (2).

(2) Review a sample of reports of serious occurrences to determine that the parent(s)/guardian, placing agency, the Director of Child Welfare and the Regional Administrator for the Region where the facility is located are informed in accordance with Standard (1) and that serious occurrences have been documented.

Interviews:

(1) Interview the administrative officer, or delegate, to determine if staff understand and follow the procedures for reporting and recording serious occurrences.

SECTION: ORGANIZATION AND MANAGEMENT
SUBSECTION: Serious Occurrences
SUBJECT: Missing Residents

STANDARD:

(1) Every facility shall have a written documented plan that sets out the action to be taken in the event a resident is missing.
(2) The plan shall identify the circumstances of the event, the time of absence and return, and the persons responsible for notifying the police, placing agency, family, and significant others of a resident's absence and return. At all times, the safety of the resident shall be the primary concern.
(3) The facility shall immediately report a resident as missing to the police and the placing agency where the resident is believed to be a risk or in danger due to such factors as the resident's age, medical condition, psychological state, history or behavioural patterns, or other factors such as weather or circumstances.
(4) The facility shall make all reasonable efforts to conduct a search by car, on foot, or by telephone (as appropriate) once it has been determined that a resident is missing.
(5) The administrative officer, or delegate, of the facility shall ensure that a Missing Resident Report is completed each time a resident is missing (see Appendix X for Report form). A copy of this Report shall be forwarded to the placing agency and a copy maintained on the resident's file.
(6) Where a resident is missing for more than forty-eight (48) hours, the administrative officer, or delegate, shall contact the placing agency to discuss the length of time the bed will be held for the resident's return.
(7) The administrative officer, or delegate, of the facility shall ensure that all staff are instructed in the actions to be taken when a resident is missing as part of their orientation and this shall be documented on the employee's file.

INDICATORS: Documentation:

(1) A written plan exists and indicates the action taken in the event a resident is missing from the facility.
(2) The plan identifies employee responsibilities regarding action to be taken.
(3) The plan includes documentation of the time of absence and return.
(4) The plan incorporates primary concern for resident safety.

(5) The plan identifies the person responsible for notifying the police, agency, family, and significant others of the resident's absence and return.

(6) Review a selection of employees' files to ascertain that instruction in these procedures was included in their orientation.

(7) Review a sample of resident's records to ascertain if Missing Resident Reports are maintained on the file.

Interviews:

(1) Interview a sample of staff to determine staff are aware of their responsibilities in the action to be taken when a resident is missing from the facility.

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SECTION 2 - SERVICE DELIVERY

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SECTION: SERVICE DELIVERY
SUBSECTION: Rights and Responsibilities
SUBJECT: Rights and Responsibilities of Residents
LEGAL REQUIREMENT: Children and Family Services Act
Section 99, S.N.S. 1990, c.5. Regulations 22(1), 22(2), p.8.

STANDARD:

(1) Every facility, upon admission, shall provide each resident with the facility's written statement, which is appropriate to their age and level of comprehension, concerning the facility and the rights and obligations of each child while a resident in the facility. Each resident, upon admission, shall also be provided the "*YOUR RIGHTS AND RESPONSIBILITIES WHILE YOU ARE IN CARE*" booklet prepared by the Department of Community Services.

(2) The Director of Child Welfare may require that the written information referred to in Standard (1) be approved by him/her prior to it being made available to the residents in the facility.

(3) Every facility shall ensure that upon admission to a facility, at the end of the resident's first week, after thirty (30) days and then each three (3) months thereafter that the resident is informed in language suitable for the resident's level of understanding of:

   (a) the resident's rights, including the right to file a complaint, report allegations of child abuse, review their file in accordance with approved Departmental or agency procedures and to be treated with respect;

   (b) the resident's responsibilities while in the facility are reasonable according to the resident's abilities and include:
      - the internal complaint's procedure and procedures for reporting allegations of child abuse;
      - the rules governing the day-to-day operation of the facility, including corrective interventions.

(4) The facility shall keep a written record indicating that the resident has been informed of their rights and responsibilities consistent with the time frames set out in Standard (3). The written record shall include the name(s) of the staff who informed the resident and the date the information was provided.

(5) The administrative officer, or delegate, of the facility shall ensure that every resident is consulted and provided with an appointment to express their views, to the extent that is practical given the resident's level of understanding, whenever significant decisions concerning the resident are made, including decisions with respect to medical treatment, education and religion and decisions with respect to the resident's discharge from the placement or transfer to another residential placement. A written record shall be maintained in the resident's file and shall include the name(s) of the staff who consulted with the resident and the date this was completed.

(6) The administrative officer, or delegate, of the facility shall provide services which respect and preserve the cultural, racial, and linguistic heritage of the residents and their families.

INDICATORS: Documentation:

(1) Review any written materials or visual aids used to assist residents to understand their rights and responsibilities.

(2) Review a sampling of residents' files to ascertain that residents were informed of their rights in accordance with Standard (3) and that a written record has been kept concerning this.

(3) Review a sample of resident records to determine that residents have received an explanation and a copy of the *"YOUR RIGHTS AND RESPONSIBILITIES WHILE YOU ARE IN CARE"* booklet.

(4) Check a sample of resident files to see if the resident has been consulted, and given the opportunity to express their views, about decisions concerning them.

Interviews:

(1) Interview a sample of program staff to determine that residents receive an orientation to the facility and their rights and responsibilities on admission, at the end of the first week, thirty (30) days after this and at three (3) month intervals thereafter.

(2) Ask a sample of residents what their rights and responsibilities are and how and when they were informed of them.

(3) Ask the administrative officer, or delegate, what procedure is used to consult a resident about decisions concerning the resident.

(4) Ask a sample of residents whether or not they have an opportunity to express their views when decisions about their lives are being made.

SECTION: SERVICE DELIVERY
SUBSECTION: Rights and Responsibilities
SUBJECT: Rights and Responsibilities of Parents and Residents

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STANDARD:

(1) The administrative officer, or delegate, shall ensure that the parent(s)/legal guardian of a resident are informed and given written information prepared by the facility concerning the following on admission of the resident to the facility:
   (a) daily rules/guidelines of the facility for the residents;
   (b) policies and procedures of the facility, including admissions, care, treatment and discharge;
   (c) programs offered by the facility;
   (d) complaint procedures for residents and parent(s)/legal guardians;
   (e) procedures for reporting allegations of child abuse;
   (f) the importance of program expectations, expected parental commitment, and opportunities regarding parental participation and involvement with their child while a resident in the facility;
   (g) the rights or parent(s)/guardian while their child is a resident of the facility, including their right to file a complaint and be involved in the IPP.

(2) The facility shall ensure that a record is kept in the resident's file of the meeting with the parent(s)/guardian, including the date, staff involved and the signature of parent(s)/guardian. Where such a meeting is not held, the facility shall ensure that a record is kept in the resident's file outlining why the meeting was not held.

(3) The administrative officer, or delegate, of the facility shall ensure that every resident is consulted and provided with an appointment to express their views, to the extent that is practical given the resident's level of understanding, whenever significant decisions concerning the resident are made, including decisions with respect to medical treatment, education and religion and decisions with respect to the resident's discharge from the placement or transfer to another residential placement.

(4) A written record shall be maintained in the resident's file and include the name(s) of the staff who consulted with the resident and the date this was completed.

INDICATORS: Documentation:

(1) There is written information on items (a) to (g) for distribution to parents.

(2) Review a sample of residents' files to determine if the facility has fulfilled the requirements of Standard (2).
(3) Check a sample of resident files to see if the residents have been consulted, and given the opportunity to express their views, about decisions concerning them.

Interview:

(1) Interview the administrative officer, or delegate, to determine if parent(s)/legal guardian of a child in the facility are informed of parental rights and responsibilities.
(2) Interview a sample of parents/guardians to determine that they were given the appropriate information at the time of admission.
(3) Ask the administrative officer, or delegate, what procedure is used to consult a resident about decisions concerning the resident.
(4) Ask a sample of residents whether or not they have an opportunity to express their views when decisions about their lives are being made.

SECTION: SERVICE DELIVERY
SUBSECTION: Rights and Responsibilities
SUBJECT: Complaint Procedures
LEGAL REQUIREMENT: Children and Family Services Act. Section 99, S.N.S. 1990,C.5.Regulation 31, p.11.

STANDARD:

(1) Under the Regulations to the Children and Family Services Act, any resident, parent(s)/guardian of a resident in a facility may submit any concern or complaint relating to the facility to the Director of Child Welfare who shall ensure that every complaint and concern is investigated and a written report is submitted to the Minister. Where a facility becomes aware of such a complaint, the administrative officer, or delegate, shall ensure that the facility cooperates in the investigation.

(2) Every facility shall establish a written procedure for hearing and responding to complaints regarding alleged violations of the rights of residents. These procedures shall be consistent with Board/Agency and/or Company procedures and shall outline the progression of steps a resident, a resident's parent(s)/guardian or another person representing the resident pursues when they have a complaint beginning with the person who is the subject of the complaint or the child's social worker and progressing through to the administrative officer, or delegate, of the facility on to the Executive Director of the agency where the facility is operated by a child welfare agency, to the Regional Administrator for the Region where the facility is located and then, ultimately, to the Director of Child Welfare, Family and Children's Services Division, Department of Community Services where the matter cannot be resolved at the local or regional level.

(3) Any resident of a facility may at any time also submit any concern or complaint relating to their care in the facility to the Children's Ombudsman. They may do so by calling toll-free 8-888-839-6884 or by writing to the Children's Ombudsman at Office of the Ombudsman, P.O. Box 2152, Halifax, Nova Scotia B3J 3B7. Although residents will be encouraged by the Children's Ombudsman to go through internal complaint process first, if there is a valid reason for this office to become involved prior to the execution of the internal procedures, they will do so.

Where a resident chooses to exercise their right to contact the Children's Ombudsman, the facility shall permit and assist the resident in exercising this right in a manner which respects their confidentiality.

(4) Every facility shall conduct a review or ensure that a review is conducted pursuant to their procedures on the complaint of:
   (a) a child in care;
   (b) a resident's parent(s)/guardian; or
   (c) another person representing the resident, and shall seek to resolve the complaint.

(5) Where the facility conducts a review or a review is conducted by the Director of Child Welfare or the Children's Ombudsman, the use of the complaint procedure shall be documented by the facility.

INDICATORS: Documentation:

(1) The facility has written complaint procedures.
(2) Review a sample of files to see if use of the complaint procedure has been documented.
(3) Review facility records to see if a complaint has been noted, and, if so, how it was followed up.
(4) Review the Director of Welfare's file to see if any complaint has reached the office and how it was followed up.

Interviews:

(1) Interview the administrative officer, or delegate, to determine if the procedures for hearing and dealing with complaints have been utilized.
(2) Interview a sample of staff regarding what they do if a resident, parent(s)/guardian, or someone representing the resident makes a complaint.
(3) Interview a sample of residents regarding what they do if they have a complaint and whether they have exercised their right to submit any concerns/complaints regarding their care either the Director of Child Welfare or the Children's Ombudsman.
(4) Interview, where possible, a sample of parent(s)/guardian regarding what they do if they have a complaint.

SECTION: SERVICE DELIVERY
SUBSECTION: Personal Care
SUBJECT: Nutrition - Provision and Responsibility for Planning
LEGAL REQUIREMENT: Children and Family Services Act. Section 99, S.N.S. 1990, c.5. Regulation 27(1), 27(2), (3), p. 10.

STANDARD:

(1) Every facility shall provide to the residents:
  (a) morning, noon and evening meals in accordance with any special dietary requirements of the residents and which provide the recommended dietary allowances according to Canada's Food Guide; and
  (b) an afternoon and bedtime snack.
(2) The administrative officer, or delegate, shall designate a staff member as the supervisor of food services for the facility.
(3) The supervisor of food services shall:
  (a) plan and maintain records of daily menus and special diets;
  (b) submit menus to a nutritionist annually and obtain confirmation from the nutritionist that menus are in compliance with Standard (1);
  (c) maintain a written record of nutritionist's approval;
  (d) ensure that where special menus are required by a resident that a written record is kept in the resident's file along with a statement of reason for such a special menu such as doctor's recommendation, allergies, religious reasons.

INDICATORS: Documentation:

(1) Review samples of prepared menus for the facility to ascertain whether menus have been evaluated annually by a nutritionist from the Department of Health and there is written confirmation from the Department of Health that the menus comply with Standard (1).
(2) Review a sampling of residents' files where a special menu was required to confirm that a written record of the menu has been kept along with a statement of the reason for the special diet, including a doctor's recommendation, allergies, or religious reasons.

Interviews:

(1) Interview the administrative officer, or delegate, of the facility to determine if a staff member has been designated as supervisor of food services, responsible for the food services of the facility.
(2) Interview the supervisor of food services to determine if special diets are prepared as required.
(3) Interview the supervisor of food services to determine if menus are evaluated by a dietician.

SECTION: SERVICE DELIVERY
SUBSECTION: Personal Care
SUBJECT: Medical and Dental Care
LEGAL REQUIREMENT: Children and Family Services Act
Section 99, S.N.S. 1990, c.5. Regulation 23(1), p. 9.

STANDARD:

(1) The administrative officer, or delegate, of the facility shall ensure that medical and dental information in respect of all residents in the facility is kept up to date, and each resident in the facility has a medical and dental examination by qualified practitioners not less frequently than annually. Medical information pursuant to this Standard includes: records of all visits to a doctor or dentist, diagnosis of doctor/dentist, prescriptions received, and recommendations of doctor/dentist.

INDICATORS:

Documentation:

(1) Review a sample of residents' files to ascertain whether:
    (a) medical and dental information with respect to residents are kept up to date;
    (b) residents undergo a medical and dental examination by qualified practitioners at least annually.

Interviews:

(1) Interview the administrative officer, or delegate, to determine if residents receive required medical and dental care in accordance with the Standard.
(2) Ask a sample of program staff how the medical and dental needs of residents are met.
(3) Ask a sample of residents if medical and dental needs are met.

SECTION: SERVICE DELIVERY
SUBSECTION: Personal Care
SUBJECT: Administration of Medication
LEGAL REQUIREMENT: Children and Family Services Act. Section 99, S.N.S. 1990, c.5. Regulation 28(1), 28(2), 28(3), p. 10.

STANDARD:

(1) The administrative officer, or delegate, shall ensure that any medication prescribed for the residents in the facility are administered properly and in accordance with the prescription and physician's instructions.

(2) The administrative officer, or delegate, shall ensure no staff person administers any drug to a resident unless the staff person is designated for this purpose by the administrative officer, or delegate, and the staff person is trained and competent to do so.

(3) The administrative officer, or delegate, shall ensure that drugs prescribed for one resident shall not be administered to another resident.

(4) The administrative officer, or delegate, shall ensure that during the administration of any medication, the staff person stays with the resident to ensure that the resident has taken the medication properly.

(5) The administrative officer, or delegate, shall ensure that there is a written record kept by the facility of the administration of all medication to any resident and that the record contains the following information:
   (a) the name of the resident;
   (b) age and gender;
   (c) any food, drug sensitivities and/or allergies;
   (d) the type and dosage of the medication given;
   (e) whether medication was prescription or non-prescription;
   (f) if prescribed, name of physician, date medication prescribed, and date of discontinuance;
   (g) date and time medication was given to the resident; and
   (h) name of staff person who administered the medication.

(6) The administrative officer, or delegate, shall ensure that there is a written procedure for the administration of medications which complies with Standards (1), (2), (3) (4), and (5).

INDICATORS:	Documentation:
	(1) Procedures for the administration of medication are written. (2) There are written records for the administration of all medications given to residents in accordance with Standard (5).
Interviews:	(1) Interview the administrative officer, or delegate, to determine that the person(s) administering drugs to a resident is/are designated to do so. (2) Interview the person(s) designated to administer drugs to determine that drugs prescribed for one resident are not administered to another resident and that there is continuous monitoring of the resident while taking medication.

SECTION: SERVICE DELIVERY
SUBSECTION: Personal Care
SUBJECT: Communicable Diseases

STANDARD:

(1) The administrative officer, or delegate, shall ensure that in order to reduce the infection of other residents or staff, universal health precautions are practised when working with resident(s) with a communicable disease or who may have a communicable disease.
(2) The administrative officer, or delegate, shall ensure that a copy of the ***Communicable Disease Control Manual***, issued by the Department of Health, Public Health Services, is located in each facility operated by the administrative officer, in a location that is accessible to all staff.
(3) The administrative officer, or delegate, shall ensure that all staff have the appropriate inoculations and maintain the proper precautions to avoid infection.

DEFINITION OF TERMS:

Communicable disease refers to any contagious disease defined by a licensed physician or Department of Health official as communicable and requiring the isolation of the patient/resident.

INDICATOR:

Interview:

(1) Interview the administrative officer, or delegate, to determine if universal health precautions are being exercised and if staff comply with Standard (3).
(2) Interview a sample of staff to determine if universal health precautions are exercised and if they have access to the *Communicable Disease Control Manual* in their facility.

Documentation:

(1) The facility has a copy of the *Communicable Disease Control Manual* issued by the Department of Health, Public Health Services.

SECTION:	SERVICE DELIVERY
SUBSECTION:	Personal Care
SUBJECT:	Linen Supplies

STANDARD:

(1) Every child on admission to a facility shall receive:
  (a) clean bedding appropriate to the climatic conditions while the child is a resident;
  (b) clean towels and face cloths;
  (c) instruction in the proper use of laundering appliances, where applicable to the program of the facility;
  (d) when a child is unable to do their own laundry because of personal or program limitations, the facility staff shall arrange for such laundering as appropriate.

INDICATORS:

Interviews:

(1) Interview a sample of program staff to determine if residents are issued clean, adequate bedding.
(2) Interview a sample of program staff to determine that laundering appliances and supplies are provided for the maintenance of clean laundry.
(3) Interview a sample of residents to ensure clean, adequate linens are provided and instruction in proper use of laundering facilities has been provided.

SECTION: SERVICE DELIVERY
SUBSECTION: Privacy
SUBJECT: Prohibited Items

STANDARD:

(1) Every facility shall have a written policy and procedures respecting items residents are prohibited from having in the facility and the consequences for the residents where the policy is violated.

(2) Where the administrative officer, or delegate, has reason to believe that a resident is in possession of prohibited items, which may be utilized or are perceived as an offensive weapon which places the resident, other residents, or staff in jeopardy, the facility may either maintain the resident on "sight supervision" or contact their local police.

(3) The administrative officer, or delegate, shall ensure that upon admission to the facility, residents and parent(s)/guardian are informed of prohibited items and the consequences of violations. A record of this advisement shall be maintained in the resident's file, including the date, the name of staff person, and persons present.

DEFINITION OF TERMS:

Prohibited items, in this context, refer to any prohibited drugs, guns, knives or any item which may be utilized or perceived as an offensive weapon which places the safety of residents or staff in jeopardy.

INDICATORS:

Documentation:

(1) The facility has a policy and procedures respecting prohibited items.

(2) Review a sample of residents' files to determine that residents and their parent(s)/guardian have been advised of the policy and procedures in accordance with Standard (2).

SECTION: SERVICE DELIVERY
SUBSECTION: Privacy
SUBJECT: Personal Space and Possessions

STANDARD:

(1) Every facility shall have a written policy respecting the privacy and personal possessions of residents.

(2) The facility's policy shall include but not be limited to the following:
  (a) every resident shall have the right to their personal possessions unless they are prohibited by the facility;
  (b) every resident shall be provided with a lockable area for storage of small personal items;
  (c) every resident shall have the right to attend to personal needs, where they will not be bothered by others, a place to which they can withdraw when they feel the need to be alone, the right to not have their personal space violated without reasonable cause and the right to determine what aspects of their personal lives will be revealed to other residents.

INDICATORS:

Documentation:

(1) There is a written policy respecting the privacy and personal possessions of residents consistent with the Standard (2), (a), (b) and (c).

Interviews:

(1) Ask a sample of program staff how they respect the privacy and personal possessions of residents to ensure consistency among staff and with the Standard.
(2) Interview a sample of residents to determine that their privacy is respected by staff and other residents.

Physical Inspection:

(1) Confirm that each resident is provided with a lockable area of storage of small personal items.

SECTION: SERVICE DELIVERY
SUBSECTION: Privacy
SUBJECT: Private Communication with Family

STANDARD:

(1) The administrative officer, or delegate, shall ensure that residents have the right to speak in private, visit and receive visits, or have telephone conversations with approved members of their family during reasonable hours and a record of this contact is maintained.
(2) Where a resident is in Permanent Care and Custody, communication with a member of their family must be approved in writing by the placing agency prior to any contact.
(3) The administrative officer, or delegate, may restrict communication where it is deemed detrimental to the well being of the resident.
(4) Any restrictions to such communication must be approved by the administrative officer, or delegate, and recorded in the resident's file.

INDICATORS: Documentation:

(1) Review a sample of residents' files and/or the facility's log to see if family contact is recorded.
(2) Check to ensure that any restrictions to private communications have been approved by the administrative officer, or delegate, and documented in the resident's file.

Interviews:

(1) Ask a sample of residents how often and under what circumstances they have contact with their families.

Physical Inspections:

(1) Conduct a visual check to ensure that space exists in the facility for private communication, by telephone, or in person, with family members.

SECTION: SERVICE DELIVERY
SUBSECTION: Privacy
SUBJECT: Private Communication with Advocates

STANDARD:

(1) The administrative officer, or delegate, shall ensure that residents in the facility have the right to communicate in private and freely with people outside the facility who are able to advise and advocate on behalf of the resident, including the following:
  (a) the resident's solicitor;
  (b) another person representing the resident as appointed by the placing agency or the Court;
  (c) the Ombudsman appointed under the Ombudsman Act and members of the Ombudsman staff;
  (d) a member of the Legislative Assembly of Nova Scotia or of the Parliament of Canada.
(2) The administrative officer, or delegate, shall ensure that the facility complies with Standard (1) permitting these individuals to visit residents and providing a space for private communication.
(3) The administrative officer, or delegate, shall ensure that a record, including the date of the visit, and who visited is maintained in the resident's file.

INDICATORS:

Documentation:

(1) Review a sample of resident files to see if communication with any outside advocate has been noted in the resident's file, including with whom and the date of the visit.

Physical Inspection:

(1) Conduct a visual inspection to ensure space is provided in the facility for private communication.

Interviews:

(1) Ask a sample of staff if a resident in the facility has access to their solicitor, an advocate, the Ombudsman, MP or MLA. If so, with whom does the resident have access and how is this accomplished?
(2) Ask a resident who they would go to if they had a problem and wanted to talk to someone outside the facility.

STANDARD:

(1) Every facility shall have written policies and procedures which ensure that:

- (a) every resident has the right to send and receive mail that is not read, examined, or censored by another person;
- (b) at the time of admission, residents, parent(s)/guardian are informed of any articles which are prohibited by the facility and that a record of this is maintained in the resident's file, including the date and name of the staff person;
- (c) exceptions to item (a) are specified and include the following:
  - mail to a resident may be opened by the administrative officer, or delegate in the resident's presence and inspected for articles prohibited by the administrative office, or delegate, where the administrative officer, or delegate, has reasonable grounds to believe that the content may cause physical or emotional harm to the resident, other residents, or staff;
- (d) articles prohibited by the facility may be removed from a resident's mail and withheld from the resident where the administrative officer, or delegate, has reasonable grounds to believe that the articles may cause emotional or physical harm to the resident, other residents, or staff;
- (e) where the administrative officer, or delegate, examines the contents of a resident's mail in the resident's presence, a record shall be kept in the resident's file indicating the rationale for this action, and the date the inspection was conducted;
- (f) where the administrative officer, or delegate, removes items from a resident's mail and withholds it from the resident, a written record shall be maintained in the resident's file indicating the article removed, rationale for removal/disposition of the item(s) and the date;
- (g) where a resident receives upsetting news through correspondence, the facility staff are available to provide support to the resident.

INDICATORS: Documentation:

(1) Written policies and procedures respecting residents' mail exist and in compliance with the Standard.

Inspection:

(1) Review a sample of residents' files to determine if there is a reorder that:
    (a) residents and parent(s)/guardian were advised at the time of admission about those articles prohibited by the facility;
    (b) the rationale and date of inspection of a resident's mail;
    (c) date, article removed, rationale and disposition of item(s) removed from a resident's mail.

Interview:

(1) Interview a sample of staff to determine:
    (a) whether residents are permitted to receive and send private correspondence;
    (b) if the administrative officer, or delegate, opens and reads resident's correspondence and, if so, under what circumstances;
    (c) if the administrative officer, or delegate, removes and withholds prohibited accompanying items and, if so, what circumstances.
(2) Interview a sample of residents to determine:
    (a) whether residents are permitted to receive and send private correspondence;
    (b) if the administrative officer, or delegate, opens and reads resident's correspondence and, if so, under what circumstances;
    (c) if the administrative officer, or delegate, removes and withholds prohibited accompanying items and, if so, what circumstances.

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SECTION: PROGRAM DELIVERY
SUBSECTION: Individual Plan of Care
SUBJECT: Individualized Plan of Care - Definition

STANDARD:

(1) Every administrative officer, or delegate, shall develop or participate in the development of a written Plan of Care for each resident admitted to a facility within thirty (30) days of the admission of the resident.

(2) A Plan of Care for a resident shall include:
   - (a) a description of the resident's needs and presenting behaviours that is developed with reference to the findings of current or previous evaluations of the resident;
   - (b) a statement of goals to be achieved for the resident while the resident is in the facility;
   - (c) a statement of the means to be used to achieve the goals referred to in (b) and strategies the facility will employ to address challenging behaviours. Where the strategies to be employed by the facility to address challenging behaviours may include the use of an approved secure isolation room, all provincial Standards related to the operation of the secure isolation room its use and advisement of all relevant parties shall be adhered to;
   - (d) a statement of the educational plan for the resident;
   - (e) a statement of the ways in which a parent(s)/guardian of the resident will be involved in the Plan of Care including arrangements for contact between the resident and parent(s)/guardian of the resident and the resident's family;
   - (f) a statement regarding the placing agency's role in the fulfillment of the Plan of Care during the resident's placement in the facility;
   - (g) particulars of any specialized service to be provided directly or arranged for by the administrative officer, or delegate, of the facility;
   - (h) particulars of the dates for review of the Plan of Care;
   - (i) a list of revisions, if any, to the Plan of Care;
   - (j) a statement of the anticipated plan for discharge of the resident.

DEFINITION OF TERMS:

Plan of care refers to a written, individualized, time limited and goal-oriented statement setting out the specific methods for matching program activities with the needs of a resident and their family.

Specialized services refer to services for children in residential care in addition to those outlined as constituting basic care.

Plan for discharge refers to a written individualized statement that includes the anticipated date of discharge, the criteria for discharge, and the likely post-discharge placement.

INDICATORS:

Documentation:

(1) Review a sample of residents' files to determine if they contain a Plan of Care that includes the following:
  (a) a description of the resident's presenting behaviours and needs that refers to the findings of current or previous evaluations;
  (b) a statement of the individual goals to be achieved for the resident while the resident is in the facility;
  (c) a statement of the means to be used to achieve the goals referred to in (b) and strategies the facility will employ to address challenging behaviours;
  (d) a statement of the resident's educational plan;
  (e) a statement of the ways in which the resident's parent(s)/guardian will be involved in the Plan of Care, including arrangements for contact between the resident and the resident's parent(s)/guardian and the resident's family;
  (f) any specialized services to be provided directly or arranged by the administrative officer, or delegate, of the facility;
  (g) dates for the review of the Plan of Care;
  (h) a list of any revisions to the Plan of Care;
  (i) the anticipated plan for discharge;
  (j) a statement regarding the placing agency's role in the fulfillment of the Plan of Care during the resident's placement in the facility.

(2) Check the date of admission on the admission document(s) in the sample of residents' files reviewed, or the date of admission in the facility's register. Check this date against the date shown on the Plan of Care, to ensure that the Plan of Care was prepared within thirty (30) days of admission.

STANDARD:	(1)	The initial Plan of Care and the particulars of the reviews of the plans of care shall be entered in the resident's file.

INDICATORS: Documentation:

(1) Review a sample of open and closed residents' files to determine if the Plan of Care is included.
(2) The samples of files examined must contain notations of any reviews and revisions to the Plan of Care.

SUBJECT: Individualized Plan of Care - Involvement

STANDARD:

(1) The administrative officer, or delegate, shall ensure that:
  (a) a representative of the placing agency which is supervising or otherwise providing services to a resident;
  (b) a parent or legal guardian of the resident; and
  (c) the resident **(under the Children and Family Services Act, children are entitled to the extent they are capable of understanding, to be informed of their rights and freedoms, to be heard in the course of and to participate in the processes that lead to decisions that affect them),**

are consulted and involved with the development of each Plan of Care for each resident in a facility licensed, approved, or operated by the Department of Community Services under the Children and Family Services Act and Regulations.

(2) Where the Plan of Care is developed without the consultation or involvement specified in (a), (b), and (c), the reason for the lack of consultation or involvement shall be documented in the resident's file.

INDICATORS:

Documentation:

(1) Review a sample of residents' files to ascertain whether those parties specified in Standard (1) were consulted and involved in the case plan.
(2) Review a sample of residents' files for the reasons why any of the following persons are not involved in the development of the Plan of Care:
  (a) the resident, where the resident is twelve (12) years of age or older;
  (b) the parent(s) or legal guardian of the resident;
  (c) the representative of the placing agency.

Interviews:

(1) Interview the administrative officer, or delegate, a sample of program staff, parent(s)/guardian, and residents twelve (12)

years of age or older to determine whether the following are consulted and involved in the development of the Plan of Care:

- (a) a representative of the placing agency who is supervising or providing services to a resident;
- (b) the parent(s) or the legal guardian of the resident;
- (c) the resident of twelve (12) years of age or older.

(2) Interview the administrative officer, or delegate, and/or program staff to identify a case where any of the above-mentioned parties were not involved in the development of the Plan of Care.

SECTION: PROGRAM DELIVERY
SUBJECT: Individualized Plan of Care - Review
LEGAL REQUIREMENT: Children and Family Services Act. Section 99, S.N.S. 1990, c.5. Regulations 23(2), 23(3), p. 9

STANDARD:

(1) Every three (3) months, the facility shall complete a social, educational and vocational progress reports on each resident in the care of the facility. This report shall include a treatment plan designed to meet the needs of the resident.
(2) The administrative officer, or delegate, shall provide a copy of the progress report to the placing agency.
(3) The reports made pursuant to Standard (1) above shall be retained in the facility and shall be made available, upon request to the Regional Administrator for the Region where the facility is located, and to program staff of the Family and Children's Services Division of the Department of Community Services.
(4) Every administrative officer, or delegate, shall ensure that the progress of each resident in relation to the Plan of Care developed for the resident is reviewed at least every three (3) months while the resident lives in the facility.
(5) A resident who is twelve (12) years of age or older shall be given an opportunity to express their views during each review period in relation to the Plan of Care.

DEFINITION OF TERMS:

Reviewed refers to a regular and routine discussion of the resident's progress in relation to goals established for the resident, the methods used in achieving these goals and any necessary adjustment to the Plan of Care or the goals in adapting to the resident's changing needs.

The review may take place in any one of the following situations:
(a) staff meetings;
(b) case conferences;
(c) meetings with the resident;
(d) meetings with the family or placing agency.

A review can be requested or held at any time but must take place at least once every three (3) months following the preparation of the Plan of Care.

INDICATORS: Documentation:

(1) Review a sample of open and closed residents' files to determine if each resident's progress in relation to the Plan of Care has been reviewed at least every three (3) months during a resident's stay in the facility.
(2) Review a sample of open and closed residents' files to determine if a progress report has been completed and forwarded to the placing agency.

Interviews:

(1) Interview the administrative officer, or delegate, and a sample of program staff to determine if the resident's progress in relation to the Plan of Care is reviewed every three (3) months.
(2) Interview the administrative officer, or delegate, and a sample of program staff to determine whether residents twelve (12) years of age or older have the opportunity to express their views during reviews of the Plan of Care.
(3) Interview a sample of residents who are twelve (12) years of age or older to determine whether they have had opportunities to express their views during reviews of the Plan of Care.

STANDARD:

(1) Where a resident is transferred to another facility or discharged from a facility, the administrative officer, or delegate, shall, as soon as possible thereafter, but within thirty (30) days of the transfer or discharge, forward a summary of the resident's progress while in the facility, including a summary of the Plan of Care and an assessment of the resident's needs at the time of transfer to the placing agency.

(2) Where the discharge of a resident was unplanned, the administrative officer, or delegate, shall ensure that the placing agency is also provided with the following: verbally, within forty-eight (48) hours and in writing as soon as possible but within thirty (30) days of discharge:
   (a) the date and time of notice to the placing agency;
   (b) the date and time of the discharge, and the reasons why the resident could not be safely maintained in the facility;
   (c) indication of whether the placing agency and the resident agreed with the discharge decision;
   (d) indication of how the resident was prepared for the discharge;
   (e) indication of the impact of the discharge notice on the resident; and
   (f) indication of whether a subsequent placement had been identified at the time of discharge or if the resident was discharged without another placement available.

(3) A copy of the summary in Standard (1) Standard (2), where applicable, shall be included in the resident's file in the facility from which the resident was transferred or discharged.

INDICATORS: Documentation:

(1) Check a sample of closed, residents' files including those where unplanned discharges occurred to determine if there was compliance with Standard (1) and (2), if applicable.

(2) Where there were unplanned discharges, check to determine if there was compliance with Standard (2).

Interviews:

(1) Interview the administrative officer, or delegate, to determine if upon transfer or discharge of a resident a summary of the resident's progress while in the facility was forwarded to the placing agency (or as soon as possible thereafter but within thirty (30) days).

(2) Check with a sample of placing agencies to which a resident was discharged to see if there have been complaints about a summary of the resident's progress while in the facility not being forwarded within thirty (30) days of the date of the discharge or there are concerns around unplanned discharges.

SECTION: PROGRAM DELIVERY
SUBSECTION: Transfer or Discharge
SUBJECT: Transfer or Discharge - Notifying Residents

STANDARD:

(1) Every administrative officer, or delegate, shall ensure that prior to the transfer or discharge, including unplanned discharges, of a resident from a facility, the resident is made aware of and understands, as far as possible, the reasons for the transfer or discharge.
(2) A record of the date and resident's reaction to the discharge shall be maintained in the resident's file.

INDICATOR:

Interviews:

(1) Interview the administrative officer, or delegate, and a sample of program staff to ensure that upon transfer or discharge, each resident is informed of and helped to understand the reasons for the transfer or discharge.

Documentation:

(1) Review a sample of resident files to determine compliance with Standard (2).

SECTION: PROGRAM DELIVERY
SUBSECTION: Transfer or Discharge
SUBJECT: Transfer or Discharge - Planning

STANDARD:

(1) Discharges or transfers of residents may only occur when the objectives of the individualized Plan of Care have been met or where, in the opinion of the administrative officer, or delegate, the facility can no longer safely or appropriately meet the resident's needs.

Every administrative officer, or delegate, shall ensure that prior to the transfer or discharge of a resident, the resident, as appropriate; the supervising agency; the family, whenever it is in the best interests of the resident; and other relevant support persons are involved in the discussion of transfer or discharge plans. The discussion must consider the current situation, including why the facility is no longer an appropriate placement for the resident, the objectives outlined in the individualized Plan of Care, and the impact upon the resident.

(2) A record of this discussion, time, date, and persons present shall be maintained in the resident's file.

INDICATORS:

Documentation:

(1) Inspect a sample of closed residents' files to determine whether there is a record of the transfer/discharge discussion, including the time, date and persons present.

Interview:

(1) Interview the administrative officer, or delegate, to determine that the resident, as appropriate; the supervising agency; the family, whenever it is in the best interests of the resident; and any other relevant support persons to the resident are involved in discussion of the transfer or discharge of the resident.

SECTION: PROGRAM DELIVERY
SUBSECTION: Facility Programs
SUBJECT: Community Activities Involvement

STANDARD:

(1) Every facility shall involve residents in community activities, appropriate to the resident's level of ability and functioning. Involvement in such activities may also be included as a part of the regular facility program.
(2) Every facility shall have written methods used to encourage residents to participate in community-based activities, i.e., recreational, leisure and athletic.

DEFINITION OF TERMS:

Community-based activities refer to events organized or sponsored by and attended by people from the local area. They may include visits to a swimming pool or bowling alley, participation in local sports teams, membership in Guides or Scouts, or visits with neighbourhood families and children if deemed appropriate by the facility.

INDICATORS:

Documentation:

(1) Methods used to encourage residents to participate in community activities are written.
(2) Review a sample of residents' files to determine if they indicate the resident's community involvement and/or efforts undertaken by the facility to involve the resident in community activities.

Interviews:

(1) Interview the program director to determine that the methods described are those used to encourage community activity participation.
(2) Interview a sample of residents to determine that there is participation in community activities.

SECTION: PROGRAM DELIVERY
SUBSECTION: Facility Programs
SUBJECT: Education - Facility Responsibility

STANDARD:

(1) The administrative officer, or delegate, of the facility shall ensure that all reasonable efforts are made to ensure that each resident's educational needs are met while they reside in the facility.

(2) Where the severity of the behavioural or emotional problems of a resident is such that the resident is unable to attend a public school, or where the resident is under suspension or expulsion from school, the administrative officer, or delegate, shall advise the placing agency in writing of the following:

  (a) the name and date of birth of the resident;
  (b) the resident's current or last school, grade, and list of current assessment information available;
  (c) the name and location of the school where the resident would normally attend while residing in the facility;
  (d) an overview of the student's strengths, needs, educational progress and individual educational program plan (where one exists);
  (e) summary of the facility staff's efforts to secure an appropriate public school placement for the resident;
  (f) an outline of the alternative arrangements that have been put in place by the Regional School Board for the resident in accordance with Section 126 of the Education Act;
  (g) an outline of the consequences for individual resident's treatment needs and the operation of the facility program;
  (h) a summary of the issues and concerns related to educational placement and opportunities.

(3) A copy of the written notification to the placing agency outlined in Standard (2) shall be maintained by the facility on the resident's file with a copy also provided to the Regional Administrator responsible for the Region where the facility is located and to the Director, Student Services Division, Department of Education, P.O. Box 578, Halifax, NS B3J 2S9.

(4) Where a facility has a qualified teacher or teachers on staff, residents shall be placed in the appropriate, local public school as soon as the resident's behavioural and emotional status warrants such action. Facility educational staff shall not be utilized as a substitute for attendance in a public school where resident's educational needs can be met in a community-based school setting.

In cases where a resident's school placement cannot be achieved through local school channels, the Regional Board's Student Services staff will be involved in a collaborative way to facilitate program planning which includes planning for the individual resident's transition back to public school. Where such efforts are not successful a report pursuant to Standards (2) and (3) shall be completed.

INDICATORS: Documentation:

(1) Review sample of facility records to determine whether they are maintained in accordance with Standards (2) and (4).

Interviews:

(1) Interview the administrative officer, or delegate, to determine their experiences in securing appropriate educational opportunities for residents.

SECTION: PROGRAM DELIVERY
SUBSECTION: Facility Programs
SUBJECT: Facility Programs
LEGAL REQUIREMENT: Children and Family Services Act. Section 99, S.N.S. 1990, c.5. Regulation 21, p.8.

STANDARD:

(1) Every facility shall provide opportunities for each resident to engage in a variety of activities including normal childhood and family living experiences, according to the abilities and interest of the resident which support residents and their families and assists in the achievement of the Plan of Care.

(2) Every facility shall ensure the availability of a range of programs designed to strengthen and support the development of residents and their families for individual residents and groups of residents in its care. The range of residential programs may include, but not be limited to, the following:

  (a) individual, family, group, peer, and vocational counselling programs;
  (b) programs that provide residents opportunities for learning and personal development in areas such as daily living, life skills, daily routines, grooming and personal hygiene, and money management;
  (c) Behaviour Management Programs, including the teaching of appropriate behavioural alternatives;
  (d) Independent Living Skills Programs;
  (e) Family Reunification Programs.

(3) Every facility shall maintain written descriptions of their programs, and they shall be reviewed annually.

INDICATORS: Documentation:

(1) There is a written description of facility programs.

Interviews:

(1) Interview the program director to ensure resident programs are planned and made available to all residents and the written program descriptions are reviewed annually by the facility.

(2) Interview a sample of residents and/or parent(s)/guardian to ensure resident programs are planned and made available to all residents.

SECTION: PROGRAM DELIVERY
SUBSECTION: Facility Programs
SUBJECT: Religion - Religious Participation

STANDARD:

(1) Every facility shall have a written policy which supports residents in receiving religious instructions and participating in religious activities of their choice, subject to the approval of the resident's parent(s) or legal guardian.

INDICATORS:

Documentation:

(1) Ensure facility has a written policy consistent with Standard (1).

Interview:

(1) Interview the administrative officer, or delegate, to determine what procedure is used when a resident asks for religious instruction.
(2) Interview a sample of residents to determine what procedure is used when a resident asks for religious instruction.

SECTION: PROGRAM DELIVERY
SUBSECTION: Discipline
SUBJECT: Discipline - Written Policies and Procedures

STANDARD:

(1) The administrative officer, or delegate, shall ensure that the facility has written policies and procedures in each facility operated by the administrative officer, or delegate, with respect to acceptable and unacceptable disciplinary practices. The policies and procedures shall conform to the definitions set out in the "Definition of Terms" for this Standard and include the following:

- (a) a statement of the facility's beliefs about, and definition of, disciplinary practices;
- (b) a statement of the types of behaviours/actions by the resident which may result in corrective disciplinary actions;
- (c) the statement of the range of acceptable corrective disciplinary practices;
- (d) disciplinary practices which are unacceptable. This shall include a statement which prohibits the use of corporal punishment, harsh or degrading responses that would result in the humiliation of the resident or the undermining of the resident's respect, deprivation of basic needs including food, shelter, clothing, bedding, medical care, taunting, demeaning remarks concerning the resident or their family or derogatory name calling intended to hurt or degrade the resident, threatening to use force or inappropriate discipline to intimidate the resident, racial, or gender-based put-downs or any kind, or extensive or prolonged withholding of emotional response or stimulation after a resident's undesirable behaviour has ceased;
- (e) a statement that "automatic consequences" are unacceptable and that the use of any disciplinary intervention will take into consideration the resident's behaviour, the resident's individualized Plan of Care, the resident's developmental ability, the circumstances within which the unacceptable behaviour occurs, the resident's cultural context and the best interests of the resident's development;

(f) the policy and procedures for the use of isolation. (This does not include use of a secure isolation room which is approved and operated pursuant to Standards 3.5.0 through 3.5.16 of Section Three (3).

(2) Every staff, as a condition of employment shall sign a document that these policies and procedures have been read, understood and accepted. A copy of this signed document shall be maintained by the facility in the personnel file of the employee.

DEFINITION OF TERMS:

Disciplinary practices refer to an education process designed to help a resident learn. Preventive discipline involves those actions taken to help the resident avoid engaging in "unacceptable behaviour".

Corrective disciplinary actions involve those actions taken, once a resident has engaged in an unacceptable behaviour, with the intention of helping the resident avoid such behaviour in the future.

Isolation can refer to the separation of a resident for a period of time from the regular program for the purpose of re-establishing self control.

Discipline covers a range of reactions to a resident's behaviour, from consequences for acceptable and unacceptable behaviours, to planned interventions where a resident requires time to regain self control.

INDICATORS: Documentation:

(1) The facility has written policies and procedures regarding acceptable disciplinary practices that include items (a) through (f) of the Standard (1).

(2) The facility has written policies setting out the prohibited disciplinary practices and they include:
   (a) corporal punishment by staff or by another resident or group of residents, condoned by staff;
   (b) harsh or degrading responses that could result in humiliation of a resident or the undermining of the resident's respect;
   (c) deprivation of basic needs including food, shelter, clothing or bedding.

(3) A written record that all employees have read, understood and accepted and signed the policy/procedures exist in the personnel file of each employee.

Interviews:

(1) Interview the administrative officer, or delegate, and a sample of staff to determine if the permitted and prohibited disciplinary practices of the program are reviewed with all staff upon orientation.
(2) Interview the administrative officer, or delegate, and a sample of staff to determine what are the allowable and nonallowable practices in the facility.
(3) Interview a sample of residents to see what kinds of discipline practices are used in the facility.

STANDARD:

(1) No facility operated, licensed, or approved pursuant to the Children's and Family Services Act and Regulations shall administer corporal punishment upon a resident or permit corporal punishment to be administered upon a resident in the course of the provision of services to the resident. Corporal punishment includes:
  - (a) the striking of a resident, with or without the assistance of a physical object;
  - (b) shaking, shoving, spanking or any other form of physical aggression against the resident;
  - (c) locked isolation unless it is in a secure isolation room which is approved and operated in accordance with Standards 3.5.0 through 3.5.16 of Section Three (3).

(2) No facility operated, licensed, or approved pursuant to the Children and Family Services Act and Regulations shall administer the following prohibited punishments on a resident or permit these punishments to be administered upon a resident in the course of the provision of services:
  - (a) punishment of a resident by another resident or group of residents that is condoned or instigated by staff;
  - (b) requiring or forcing the resident to assume an uncomfortable position (e.g., squatting, bending or standing against a wall);
  - (c) requiring or forcing the resident to repeat physical movements as a method of punishing;
  - (d) degrading physical or emotional punishments;
  - (e) punitive work assignments or work assignments which lack logical and meaningful consequences;
  - (f) medication for punishment;
  - (g) deprivation of a resident's rights and needs (e.g., food, parental/family contact);
  - (h) mechanical restraints;
  - (i) threatening to discharge a resident as a method of punishment;
  - (j) interference with or interruption of a resident's sleep as a method of punishing;
  - (k) threatening to use force to intimidate a resident.

(3). Every facility operated, licensed or approved pursuant to the Children and Family Services Act and Regulations shall have written policies prohibiting corporal punishment and those punishments listed in Standard (2).

(4) Every staff, as a condition of employment, shall sign a document that these policies and procedures have been read, understood, and accepted. A copy of this signed document shall be maintained by the facility in the personnel file of the employee.

INDICATORS: Documentation:

(1) Review the facility policy to ensure that corporal punishment and those punishments outlined in Standard (2) are prohibited.

(2) Review the facility log to see if there is any indication of the use of corporal punishment or those punishments outlined in Standard (2).

(3) Check Department of Community Services files on the facility to see if a complaint was received from a resident concerning corporal punishment. If there was a complaint, check to see if the situation has been resolved, or is still outstanding.

(4) Review a sample of personnel files to determine that there is a document signed by the employee indicating they have read, understood, and accepted the policies and procedures.

Interviews:

(1) If a complaint from a resident was registered in the Department files on the facility about corporal punishment being inflicted, ask the administrative officer, or delegate, what procedure is being used to resolve the situation.

(2) Ask the administrative officer, or delegate, for the facility's policy on corporal punishment.

(3) Ask the administrative officer, or delegate, what procedures are used for discipline.

(4) Interview a sample of staff to inquire as to what types of discipline are used in the facility.

(5) Interview a sample of residents to inquire as to what types of discipline are used in the facility.

SECTION: PROGRAM DELIVERY
SUBSECTION: Special Measures
SUBJECT: Locked Room - Use

STANDARD:

(1) No facility shall detain a resident or permit a resident to be detained in locked premises in the course of provision of services to a resident, unless they have been given the approval of the Director of Child Welfare, pursuant to Standard 3.5.3, to operate a secure isolation room. This does not prohibit the routine locking of the premises for security at night.

INDICATORS:

Documentation:

(1) Check a sample of resident files and appropriate Department of Community Services Regional Office files on the facility to see if a complaint was registered by a resident about being detained in locked premises where the facility has not received the approval of the Regional Administrator where the facility is located to operate a secure isolation room.

Interview:

(1) Ask the administrative officer, or delegate, what procedure is used to control residents' behaviour, and if locked premises are ever used to control a resident's behaviour.

SECTION: PROGRAM DELIVERY
SUBSECTION: Special Measures
SUBJECT: Secure Isolation Room - Definition

STANDARD:

(1) A secure isolation room shall be defined as a lockable room within a facility which is operated, approved or licensed by the Department of Community Services, pursuant to the Children and Family Services Act and Regulations.

A secure isolation room shall only be utilized by the facility as a therapeutic intervention of last resort where less-intrusive measures have been attempted or deemed inappropriate under the circumstances, and the use of the room is necessary as the resident is demonstrating a serious and dangerous loss of control and poses a real and imminent risk to the safety of self or others ("others" include other residents or staff members). Secure isolation rooms shall not be utilized for purposes of preventing a resident from running away nor as a form of discipline or for the convenience of staff or program.

(2) The administrative officer, or delegate, of a facility approved to operate a secure isolation room shall ensure that their policies and procedures respecting secure isolation reflect Standards (1).

INDICATORS:

Documentation:

(1) Where a facility has a secure isolation room approved by the Director of Child Welfare, review the policies and procedures to ensure that they incorporate Standards (1).

SECTION: PROGRAM DELIVERY
SUBSECTION: Special Measures
SUBJECT: Secure Isolation - Application for the Existence of a Secure Isolation Room in a Facility

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STANDARD:

(1) An application for the existence of a secure isolation room for residents shall be made to the Director of Child Welfare, Family and Children's Services Division, Department of Community Services.

(2) The application shall be accompanied by the applicant's written policies and procedures with respect to the use of a secure isolation room together with such other information concerning the facility's program, the room to be utilized and the proposed use of the room for secure isolation as the Director of Child Welfare considers necessary to determine whether the room should be approved for use for the secure isolation of residents.

(3) Upon receipt of an application, the Director of Child Welfare, or delegate, may inspect the premises and the room to be approved for the purposes of determining whether the room meets Standard 3.5.4 (Secure Isolation - Type of Room).

INDICATORS:

Documentation:

(1) In any facility which has a secure isolation room, there should be written approval from the Director of Child Welfare for the existence of the room.

(2) Review the Department of Community Services file on the facility to ensure that any such approval has not been refused or revoked.

SECTION: PROGRAM DELIVERY
SUBSECTION: Special Measures
SUBJECT: Secure Isolation - Approval

STANDARD:

(1) The Director of Child Welfare may approve an application for the existence of a secure isolation room in a facility operated, approved or licensed pursuant to the Children and Family Services Act and Regulations where the application complies with Standards 3.5.1 through 3.5.16, for use for the secure isolation of residents, on such terms and conditions as the Director determines.

(2) Where the Director of Child Welfare approves an application, written approval shall be provided to the facility and the Regional Administrator for the Region where the facility is located.

(3) Where the Director of Child Welfare is of the opinion that a secure isolation room is unnecessary or is being used in a manner that contravenes the Children and Family Services Act or Regulations or Standards 3.5.1 through 3.5.16, the Director of Child Welfare may withdraw the approval, and shall give the affected facility notice of the decision, with reasons and such notification shall also be proved to the Regional Administrator for the Region where the facility is located.

INDICATORS: Documentation:

(1) In any facility which has a secure isolation room, there should be written approval from the Director of Child Welfare for the room.

(2) Review the Department of Community Services file on the facility to ensure that any such approval has not been refused or revoked.

SECTION: PROGRAM DELIVERY
SUBSECTION: Special Measures
SUBJECT: Secure Isolation - Type of Room

STANDARD:

(1) Rooms approved for secure isolation shall ensure the safety of the resident and are to be constructed in a manner in which no element of the construction creates the opportunity for a resident to injure themselves or others.

(2) A secure isolation room shall:
  (a) not be used as a bedroom for a resident who is in secure isolation or as a bedroom for any resident;
  (b) contain a window that is unbreakable or some other means of observing the resident;
  (c) contain safe, enclosed lighting that is adequate to ensure the continuous observation of a resident who is placed in the secure isolation room;
  (d) contain no objects that could be used by the resident as instruments of injury or damage;
  (e) ensure adequate ventilation; and
  (f) include an emergency override switch for use in an emergency situation.

INDICATORS:

Documentation:

(1) Review the record of the use of the room to ensure it is not being used as a bedroom.

Physical Inspection:

(1) View the secure isolation room to ensure that:
  (a) it is not used as a bedroom;
  (b) it contains a window that is unbreakable or other means of viewing the resident;
  (c) there is safe, enclosed lighting which allows continuous observation of the resident;
  (d) it contains no objects that could be used by the resident as instruments of injury or damage;
  (e) there is adequate ventilation; and
  (f) it includes an emergency override switch for use in an emergency situation.

STANDARD:

(1) Every facility shall develop and maintain written policies and procedures with respect to the use of a secure isolation room on the premises where it is proposed to place residents in secure isolation.
(2) These policies shall fulfill the requirements of Standards 3.5.0 through 3.5.16 and include a statement of the facility's beliefs about the use of secure isolation.

INDICATORS:

Documentation:

(1) Review the facility's policies and procedures to ensure that the policies and procedures with respect to the use of the isolation room meet the standards and include a statement of the facility's belief about the use of secure isolation.

Interviews:

(1) Ask the staff when and how they were informed of the policies and procedures for use of the secure isolation room.
(2) Ask staff if they are aware of the facility's belief about the use of secure isolation.

SECTION: PROGRAM DELIVERY
SUBSECTION: Special Measures
SUBJECT: Secure Isolation - Advisement of Parent(s)/Guardian and Residents

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STANDARD:

(1) The administrative officer, or delegate, shall ensure that **all** parent(s)/guardian and residents are notified upon intake of the existence of the facility's secure isolation room policies/procedures and the manner in which they may affect the parent(s)/guardian and resident.

(2) A written record of this advisement, including names of persons present, date and time shall be maintained by the facility.

(3) A plan which addresses how communication is to occur around any use of the secure isolation room and the resident shall be developed with the resident's parent(s)/guardian at the time of admission and shall include time frames (e.g., 24 hours, 48 hours) for notification of the parent(s)/ guardian. This plan shall be written and stored in a manner within the facility that ensures ready access by facility staff.

INDICATORS: Documentation:

(1) There is a written record showing compliance with Standard (1), (2), and (3).

STANDARD:

(1) A secure isolation room shall never be used as a disciplinary measure for purposes of punishing a resident, nor is one to be utilized for the convenience of staff or program, nor for the purpose of preventing a resident from running away. The rights of residents must be respected and, in particular, that their right to autonomy and freedom may only be limited under very strict conditions, namely, when the safety and security of persons are at stake.
Prior to using the secure isolation room, consideration shall be given to the following:
  - (a) risk factors related to the situation;
  - (b) the potential impact of using the room on the resident and consideration of developmental issues;
  - (c) planning which is designed to ensure the intervention is carried out in a safe manner for all concerned.

(2) A resident may be placed in a secure isolation room where, in the opinion of the facility's administrative officer, or delegate:
  - (a) the resident's conduct indicates that the resident is likely, in the immediate future, to **pose a real and imminent risk** to the safety of self or others, including staff;
  - (b) other less-intrusive interventions have been unsuccessful;
  - (c) no less-restrictive method of restraining the resident is practicable; and
  - (d) where the resident is less than twelve (12) years of age, the administrative officer, or delegate, gives approval for the resident to be placed in a secure isolation room because of exceptional circumstances and a record of this permission, including date and time, is kept on the resident's file.

(3) A secure isolation room is not considered a suitable environment for residents to sleep. Any exception to this shall be prior approved by the administrative officer, or delegate. A record of this approval shall be kept on the resident's file noting date, time and reasons.

(4) In very exceptional cases where a resident displays a chronic pattern of aggression and loss of control, a written plan may be developed and such plans shall include the following:
  (a) the conditions under which the secure isolation room may be used with that particular resident;
  (b) a gradation (from least to most restrictive) of interventions to be considered and/or applied prior to the use of the secure isolation room;
  (c) a time frame for the application of the plan and a mechanism for review. The written plan shall never predetermine the duration of a stay in the secure isolation room and is subject to the written approval of the administrative officer, or delegate.

(5) Where a resident is placed in the secure isolation room, the administrative officer, or delegate, shall ensure that a written record of the use of the room is made and includes the following:
  (a) each instance of the use of the room;
  (b) the name and age of each resident placed in secure isolation;
  (c) the dates and duration of each use for each resident;
  (d) the reasons for not restraining the resident by a less-restrictive measure;
  (e) where the resident is twelve (12) years of age or younger, that the administrative officer, or delegate, has given approval to utilize the room, including date and time;
  (f) there was compliance with Standard 3.5.11 and 3.5.16.

INDICATORS: Documentation:

(1) Where a resident less than twelve (12) years of age has been placed in the secure isolation room, review the resident's file to determine if the administrative officer's, or delegate's, written permission is on file.

(2) Where residents have been placed in the secure isolation room during the normal sleeping times, check a sample of residents' files to ensure that a record was kept in the resident's file in accordance with Standard (3).

(3) Review the record of use of the secure isolation room to ensure that the reasons for use fall within Standard (1).

(4) Review the record of the use of the secure isolation room to ensure that a written record is maintained in compliance with Standard (2).

Interviews:

(1) Ask a sample of staff to indicate the circumstances in which the secure isolation room might be used.

(2) Interview the administrative officer, or delegate, to determine if any resident less than twelve (12) years of age has been placed in the secure isolation room.

(3) Interview the administrative officer, or delegate, to determine if the secure isolation room has been utilized overnight when residents would normally be sleeping.

(4) Interview a sample of residents to indicate the circumstances in which a secure isolation room might be used.

SECTION: PROGRAM DELIVERY
SUBSECTION: Special Measures
SUBJECT: Secure Isolation - Room Check

STANDARD:

(1) The administrative officer, or delegate, shall ensure that before and after each use, the secure isolation room is thoroughly checked for cleanliness and the presence of any potentially harmful materials. A record of this inspection, including the name of staff person, date and time, shall be maintained by the facility.

(2) When the secure isolation room is not in use, it shall be kept empty and the door locked for safety reasons.

(3) The secure isolation room's locking system and emergency override systems shall be checked regularly and a record of the date, time, and staff person conducting the check is maintained by the facility.

INDICATORS:

Documentation:

(1) Review the secure isolation records to ensure compliance with Standard (1) and (3).

Physical Inspection:

(1) View the secure isolation room to:
    (a) view for cleanliness and the presence of any potentially harmful materials;
    (b) ensure the door to the secure isolation room is locked and the room is empty when not in use.

SECTION: PROGRAM DELIVERY
SUBSECTION: Special Measures
SUBJECT: Secure Isolation - Time Limits

STANDARD:

(1) The amount of time a resident is placed in secure isolation shall not exceed the time necessary for the resident to regain and maintain control.

(2) Where a resident is kept in a secure isolation room for more than thirty (30) minutes, the administrative officer, or delegate, shall review the resident's isolation and the continued need for secure isolation of the resident at least every thirty (30) minutes.

(3) A resident who is placed in a secure isolation room shall be released as soon as the administrative officer, or delegate, is satisfied that the resident has regained and maintained control and, therefore, is not likely to pose a real risk of harm to themselves or others in the immediate future.

(4) A written record shall be made for Standard (1), (2) and (3), and this record shall include the rationale for the decision, the duration, the reviews, the behaviour of the resident while in the secure isolation room at ten(10)-minute intervals, the outcome of the use of the secure isolation room and the follow-up.

INDICATORS: Documentation:

(1) Where a resident was maintained in secure isolation longer than thirty (30) minutes, confirm that the record shows:
    (a) the approval in writing of the administrative officer, or delegate, to continue secure isolation at thirty-(30) minute intervals;
    (b) evidence of a review by the administrative officer, or delegate, at a minimum of every thirty (30) minutes;
    (c) evidence that the resident was released as soon as the administrative officer, or delegate, was satisfied that the resident was not likely to cause serious bodily harm to themselves or others in the immediate future.

SECTION: PROGRAM DELIVERY
SUBSECTION: Special Measures
SUBJECT: Secure Isolation - Continuous Observation

STANDARD:

(1) The administrative officer, or delegate, shall ensure that a resident who is placed in a secure isolation room is **continuously observed** by a responsible staff person.
Constant observation of the resident by the observer shall ensure the safety of the resident and also identify changes in behaviour that may signify that the resident is ready to be released.

(2) The staff person observing the resident shall accept responsibility to intervene if the resident appears to be putting themselves at risk.

(3) A written record shall be made of the behaviour of the resident while in the secure isolation room at ten-(10) minute intervals by the staff person observing the resident. This written record shall include the date, times, and name of the staff person observing the resident.

INDICATORS: Documentation:

(1) Review the record of usage of the secure isolation room to ensure compliance with Standards (1), (2) and (3).

Interviews:

(1) Interview a sample of staff identified as responsible for observing a resident in the secure isolation room, and ask them what their practice is in such situations.

SECTION: PROGRAM DELIVERY
SUBSECTION: Special Measures
SUBJECT: Secure Isolation - Personal Search

STANDARD:

(1) The administrative officer, or delegate, shall ensure that staff carry out personal searches in a respectful manner, out of concern for the resident's safety and in a fashion which does not contribute to escalation and where the resident's cooperation is always sought first.

(2) Prior to locking a secure isolation room, a thorough, non-strip search of the resident shall be made for the removal of potentially dangerous objects (e.g., matches, lighters, razor blades, belts, shoestrings, jewellery, hairpins, etc.). A record including the name of staff, date and time of the search shall be maintained by the facility indefinitely.

(3) Two (2) staff persons shall be present during the search of the resident and at least one shall be of the same gender as the resident.

(4) Staff shall remain present with the resident until such time as dangerous objects are removed.

INDICATORS:

Documentation:

(1) There are written records showing compliance with Standards (2), (3) and (4).

Interviews:

(1) Interview a sample of residents who have been placed in the secure isolation room to see if there was compliance with Standards.

SECTION: PROGRAM DELIVERY
SUBSECTION: Special Measures
SUBJECT: Secure Isolation - Debriefing

STANDARD:

(1) The administrative officer, or delegate, shall ensure that the necessary debriefing activities for staff and residents occur within forty-eight (48) hours following the resident's release from the secure isolation room with the overall purpose to identify ways of preventing further use of the secure isolation room.

(2) A written record of debriefing sessions, including the names of persons present, date and time shall be maintained by the facility indefinitely.

INDICATORS:

Documentation:

(1) Ensure there is a written record of debriefing sessions, including names of persons present, date and time.

SECTION: PROGRAM DELIVERY
SUBSECTION: Special Measures
SUBJECT: Secure Isolation - Resident Recourse

STANDARD:

(1) The administrative officer, or delegate, shall ensure that where any resident feels their rights have been violated in relation to a use of the secure isolation room that the resident is provided with an opportunity to discuss their complaint in accordance with the facility's complaint procedures and/or with the Children's Ombudsman.

(2) A written record of such complaints and the facility's response/actions shall be maintained by the facility indefinitely.

INDICATORS:

Interviews:

(1) Interview the administrative officer, or delegate, to determine if they have received complaints from residents.

Documentation:

(1) Where complaints have been made by residents, check the facility's records to determine if a written record of the complaint and facility's response/action has been made.

SECTION: PROGRAM DELIVERY
SUBSECTION: Special Measures
SUBJECT: Secure Isolation - Quarterly Reviews

STANDARD:

(1) The administrative officer, or delegate, of a facility containing an approved secure isolation room shall review:
   (a) the need for the secure isolation room; and
   (b) whether there is full compliance with Standards 3.5.1 through 3.5.16

every three (3) months from the initial date of the secure isolation room approval. A written report of each review shall be submitted to the Director of Child Welfare, Family & Children's Services Division, Department of Community Services, and to the Regional Administrator for the Region where the facility is located. A record of this submission shall be maintained by the facility.

(2) A record of the Quarterly Review submission shall be maintained by the facility and shall form part of the annual licensing process wherein a sample of resident/facility files/records shall be reviewed to confirm full compliance with 3.5.1 through 3.5.16.

(3) A record of the findings of the annual licensing review shall be provided to the administrative officer of the facility, the Director of Child Welfare, and the Regional Administrator for the Region where the facility is located.

INDICATORS:

Documentation:

(1) Review files maintained in the facility as well as those in the office of the Director of Child Welfare to ensure that Quarterly Review reports have been submitted every three (3) months.

(2) Review most recent annual licensing report completed in accordance with Standard (2) to access compliance with Standards 3.5.1 through 3.5.16.

Interviews:

(1) Interview appropriate Regional staff to ensure compliance with Standard (1).

STANDARD:

(1) A written record of the following shall be maintained by the facility in both the secure isolation room file and the resident's file:
  (a) the name and age of each resident placed in a secure isolation room;
  (b) the dates and duration of each use;
  (c) the rationale for the decision to use secure isolation, including other less-intrusive interventions which were tried, the reasons other less-intrusive interventions have been unsuccessful or the reasons why no less-restrictive method of restraining the resident was practical;
  (d) the administrative officer's, or delegate's, written approval to place a resident twelve (12) years of age or younger in a secure isolation room;
  (e) documentation that the administrative officer, or delegate, reviewed the resident's need for continued secure isolation at a minimum of every thirty (30) minutes;
  (f) documentation that there was continuous observation of the resident by a responsible staff person, including the name of the staff person;
  (g) documentation that a review was completed on the resident's behaviour while in the secure isolation room at ten-(10) minute intervals;
  (h) evidence that the resident was released as soon as the administrative officer, or delegate, was satisfied that the resident was not likely to pose a real risk of harm to themselves or others in the immediate future.

INDICATORS: Documentation:

(1) Review the secure isolation room file to ensure there is compliance with Standard (1).
(2) Review a sample of residents' files placed in the secure isolation room to ensure compliance with Standard (1).

STANDARD:

(1) Every residential child-caring facility which has received the approval of the Director of Child Welfare pursuant to Standard 3.5.3 for the existence of a secure isolation room shall submit to an annual review by the Department of Community Services as part of the licensing process.

(2) On the anniversary of receipt of the approval from the Director of Child Welfare, the administrative officer, or delegate, of the facility shall submit the following documentation to the Director of Child Welfare, Family and Children's Services Division, Department of Community Services, and to the Regional Administrator for the Region where the facility is located:

- (a) any changes to the original documentation, including the facility's belief about the use of secure isolation and any policies and procedures;
- (b) any physical changes to the approved secure isolation room;
- (c) a list by resident of the frequency, duration and reason for use of the secure isolation room; and
- (d) copies of reports confirming compliance with Standard 3.5.14 (quarterly reviews).

(3) As part of the annual licensing process, the Director of Child Welfare, or delegate, Department of Community Services reserves the right to inspect any facility given approval to operate a secure isolation room and where the Director of Child Welfare chooses to exercise this right, the administrative officer, or delegate, of the facility shall cooperate fully.

A record of such visits shall be maintained by the Director of Child Welfare, including date(s) and outcome.

(4) Where the Director of Child Welfare exercises the right to inspect the facility, notification of the inspection, including dates, and outcome shall be provided to the Regional Administrator for the Region where the facility is located.

INDICATORS:

Documentation:

(1) Check the Department of Community Services' licensing file to ascertain whether there is compliance with Standard (1), and (2), as well as (3) and (4) where a visit was conducted.

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SECTION 4 - PHYSICAL PLANT

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SECTION: PHYSICAL PLANT
SUBSECTION: Living Accommodations
SUBJECT: Living Areas
LEGAL REQUIREMENT: Children and Family Services Act. Section 99, S.N.S. 1990, c.5. Regulations 25, 26(1), p. 10.

STANDARD:

(1) Every facility shall provide each resident with bedroom space, in accordance with Standard 4.1.1, and furniture and storage space for personal belongings.
(2) Every facility shall contain specifically designated areas for recreation, informal living and dining.

INDICATORS: Physical Inspection:

(1) Each resident has bedroom space, in accordance with Standard 4.1.1 (3) and (4), and furniture and storage space for personal belongings.
(2) The facility has areas designated specifically for recreation, informal living and dining.

SECTION: PHYSICAL PLANT
SUBSECTION: Living Accommodations
SUBJECT: Sleeping Accommodations
LEGAL REQUIREMENT: Children and Family Services Act. Section 99, S.N.S. 1990, c.5. Regulation 25, p. 9.

STANDARD:

(1) The administrative officer, or delegate, shall ensure that each facility operated by the administrative officer meets the following requirements:
  (a) no room without a window shall be used as a bedroom;
  (b) no basement area shall be used for a resident's sleeping accommodation;
  (c) each resident has a minimum bedroom area of 6.55 square metres of floor space (equals 70 square feet);
  (d) each resident sixteen (16) years of age or older has a minimum of seven (7) square metres of bedroom space (equals 75.32 square feet);
  (e) each resident is provided with their own bed and a clean mattress suitable for the resident's age and size, together with bedding that is appropriate according to the weather and climate;
  (f) no resident shall share a bedroom with another resident of the opposite sex.

DEFINITION OF TERMS:

Floor space refers to measurement based on the internal area from wall to wall.

Bed appropriate to each resident's age refers to the size and height of the resident's bed (i.e., an infant would require a crib whereas a single bed or bunk bed would be appropriate for an older resident).

Mattress and bedding appropriate for weather and climate refers to the provision of suitable sheets and blankets.

Basement means any storey below the first storey measured from the top of each floor, where first storey means the storey with its floor closest to grade and having its ceiling more than six feet above grade. (See Nova Scotia Building Code).

Differentiation must be made to accommodate using a design that allocates living space at a lower level, i.e., newer buildings such as split level, raised bungalow, etc.

INDICATORS: Physical Inspection:

Check the following for compliance:

(1) All bedrooms have a window.
(2) The basement is not being used as a bedroom.
(3) The bedrooms conform with the floor space requirements. If the bedrooms are of a standard size, it is not necessary to measure all of them. Where there are numerous bedrooms of differing sizes, it is sufficient to measure a sample. The facility's floor plan may be used if the dimensions appear to be accurate.
(4) Check at least one bedroom to determine if:
    (a) each resident has their own bed;
    (b) each resident's bed is appropriate to their own age;
    (c) the mattress and bedding are clean and appropriate for the weather and climate.
(5) Ensure that no resident shares a bedroom with a resident of the opposite sex.

SECTION: PHYSICAL PLANT
SUBSECTION: Living Accommodations
SUBJECT: Bathing and Toilet Areas - Minimum Requirements
LEGAL REQUIREMENT: Children and Family Services Act. Section 99, S.N.S. 1990, c.5. Regulation 26(2), p. 10.

STANDARD:

(1) Every facility shall contain adequate bathing and toilet facilities.

(2) The administrative officer, or delegate, shall ensure that every facility operated by the administrative officer, or delegate, has a minimum of the following:
  (a) one sink with hot and cold water and one flush toilet for every five (5) or fewer residents;
  (b) where there is more than one toilet in any room, each toilet shall have a separate compartment to allow for privacy;
  (c) for every five (5) or fewer residents, there must be an appropriate mix of bathtubs and showers with hot and cold water with a minimum of one bath and one shower;
  (d) where there is more than one bath or shower with hot and cold water in any one room, each shall have a separate compartment to allow for privacy;
  (e) where there are more than four (4) residents of different genders, all bathing and toilet facilities shall be separate.

INDICATORS:

Physical Inspection:

(1) Check the following for compliance:
  (a) there is one sink with hot and cold water and one flush toilet for every five (5) or fewer residents;
  (b) where there is more than one (1) toilet in any room, each toilet has a separate compartment to allow for privacy;
  (c) there is an appropriate mix of bathtubs and showers with hot and cold water for every five (5) or fewer residents;
  (d) where there is more than one bath or shower with hot and cold water in any room, each has a separate compartment to allow for privacy;
  (e) where there are more than four (4) residents of different genders, all bathing and toilet facilities are separate.

SECTION: PHYSICAL PLANT
SUBSECTION: Living Accommodations
SUBJECT: Bathing and Toilet Areas - Cleanliness

STANDARD:

(1) The administrative officer, or delegate, shall ensure that all personal hygiene facilities are properly cleaned each day.

INDICATORS:

Interview:

(1) Interview the administrative officer, or delegate, to determine that a daily cleaning routine of all personal hygiene facilities exists.

Physical Inspection:

(1) Check to ensure that personal hygiene facilities are clean.

SECTION: PHYSICAL PLANT
SUBSECTION: Living Accommodations
SUBJECT: Bathing and Toilet Areas - Water Temperature

STANDARD:

(1) The administrative officer, or delegate, shall ensure that the setting of the thermostat on the water heater(s) does not exceed 52°C or 125.6°F in accordance with Nova Scotia Power recommendations.

INDICATORS:

Physical Inspection:

(1) The setting of the thermostat on the water heater(s), where this is readily visible, is not greater than 52°C or 125.6°F, or the hot water running from the tap is not too hot so as to hurt a resident.

SECTION: PHYSICAL PLANT
SUBSECTION: Living Accommodations
SUBJECT: Outdoor Recreation Space

STANDARD:

(1) Every facility shall have an outdoor recreation space that is equivalent in area to at least nine (9) square metres for each resident based on the maximum number of residents for which the facility is approved.
(2) Where Standard (1) cannot be met and alternative arrangements are necessary, the administrative officer, or delegate, shall seek the written approval of the licensing staff for the proposed alternative.
(3) The outdoor recreation space shall be maintained in a safe and sanitary condition.
(4) Where the facility itself does not have adequate outdoor recreation space, there shall be an open area within close proximity which residents can utilize safely. A park or public recreation centre is an acceptable substitute.

DEFINITION OF TERMS:

Licensing staff means the office of the Coordinator, Community Residential Services, Family and Children's Services Division, Department of Community Services, unless advised otherwise .

INDICATORS:

Documentation:

(1) Evidence that where an alternative arrangement is being used, a written approval for such use has been obtained from the licensing staff, Family and Children's Services Division, Department of Community Services.

Physical Inspection:

(1) Check the following for compliance:
    (a) there are nine (9) square metres (96 square feet) of recreational space per resident on the site;
    (b) the outdoor play space is maintained in a safe and sanitary condition.
    (c) where the facility does not have adequate outdoor recreation space, there is an open area within close proximity which residents can utilize safely.

SECTION: PHYSICAL PLANT
SUBSECTION: Living Accommodations
SUBJECT: Facility Temperature

STANDARD:

(1) The administrative officer, or delegate, shall ensure that in each facility operated by the administrative officer that the temperature of the facility is maintained at a comfortable level for residents and staff but not less than 20°C or 68°F except where the relative humidity is above 60% then temperatures may be below 20°C (68°F) for comfort.

INDICATOR:

Physical Inspection:

(1) Check the temperature of the building to ensure that the minimum temperature is not less than 20°C or 68°F except where the relative humidity is above 60% and the temperature is lower for comfort reasons.

SECTION: PHYSICAL PLANT
SUBSECTION: Living Accommodations
SUBJECT: Mechanical and Heating Systems

STANDARD:

(1) The administrative officer, or delegate, shall ensure that in each facility operated by the administrative officer that:
  (a) each fuel-fired appliance and the chimney(s) in the facility are serviced at least once per year by a person who is an authorized or licensed technician;
  (b) a record is kept in the facility of the servicing and cleaning.

DEFINITION OF TERMS:

Fuel-fired appliance refers to a device designed for use in heating and cooling systems operated on fuel and includes all components, controls, wiring and piping required to be part of the device under the Nova Scotia Building Code.

Qualified personnel refers to persons who have completed a training course and have been licensed as competent to service the fuel-fired appliances in the facility.

INDICATORS: Documentation:

(1) There is a written record dated and signed by qualified service personnel indicating that the heating equipment and chimney(s) have been serviced at least once in the last year.

SECTION: PHYSICAL PLANT
SUBSECTION: Safety Measures
SUBJECT: Emergency Evacuation Procedures
LEGAL REQUIREMENT: Children and Family Services Act. Section 99, S.N.S. 1990, c.5. Regulation 24(3), 24(4), p.9.

STANDARD:

(1) The administrative officer, or delegate, shall ensure that every facility operated by the administrative officer:

  (a) has an emergency evacuation plan including specified exit routes from the facility, a gathering place for all residents, and arrangements for alternative accommodation for the residents (See Appendix VII for Proposed Revised Checklists and Appendix VIII for EMO Special Care Emergency Planning Programme - Draft Planning Guide);

  (b) that the plan is established in cooperation with the local fire department and the emergency measures coordinator for the municipal unit in which the facility is located;

  (c) that there is written confirmation from both the fire department and the emergency measures coordinator that the facility's plan is appropriate and copies of this written confirmation are provided to the licensing staff, Family and Children's Services Division, Department of Community Services.

(2) The administrative officer, or delegate, shall ensure that the emergency evacuation plan is exercised and revised at least once every three (3) years together with the local fire department and the Emergency Measures Coordinator for the municipal unit where the facility is located. A written record, including date and time of the exercise and any noted deficiencies shall be recorded and a copy provided to the licensing staff, Family and Children's Services Division, Department of Community Services.

(3) The administrative officer, or delegate, shall ensure, in addition to a full exercise of the plan once every three (3) years, that a directory of personnel involved in the execution of the plan is maintained and revised as required to ensure that it is kept up to date.

(4) The administrative officer, or delegate, shall ensure that any deficiencies noted during the practice of the plan are addressed and implemented promptly and that the licensing staff, Family and Children's Services Division, Department of Community Services, is advised of the action taken.

(5) The emergency plan, including the location and operation of fire extinguishers, exit routes, fire alarm boxes, telephone procedures for calling emergency services (e.g., police, hospital, ground search and rescue, fire department etc.) relocation arrangements, gathering place, etc., shall be posted in a conspicuous location in the facility.

(6) All staff shall receive instruction on the plan as part of their orientation and a record of this instruction shall be maintained in the employee's file.

(7) All staff, as a condition of employment, must sign that they have received, read, understood, and received instruction in the emergency evacuation plan of the facility as part of their orientation. A copy of this documentation shall be maintained in the employee's personnel file.

(8) The administrative officer, or delegate, shall ensure that all residents upon admission are instructed on the plan in the event of an emergency and a record of this instruction, including date, and name of staff person, is included in the resident's file.

DEFINITION OF TERMS:

Emergency evacuation plan refers to procedures to respond to disruptions in normal services (short-term or long-term) which may be caused by situations such as the following: flood, gas leak, bomb threats, food poisoning, fire, loss of communication, loss of electrical power, hostage taking, water shortage/contamination, housing of additional people, including residents from another facility, national emergency, architectural damage, air contamination, hurricane, winter storm, staffing shortage, strike by staff or outside supporting agencies, violent episode within the facility - threatening use of guns, firing of guns, etc.

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INDICATORS:

Documentation:

(1) The facility has a written emergency evacuation plan which includes the requirements of Standards (1), (2), (3), (4), and (5).

(2) There is written confirmation from the local fire department and the emergency measures coordinator for the municipal unit in which the facility is located that the plan appears appropriate.

(3) There is a written record, including date and time of practices any noted deficiencies.

(4) There is a record that any noted deficiencies have been implemented and addressed.

(5) Review a sampling of staff and resident files to determine if instruction in the plan was provided as per Standards (6), (7) and (8).

(6) There is written confirmation that reports referred to in Standards (1)(c), (2) and (4) have been forwarded to the licensing staff, Family and Children's Services Division, Department of Community Services.

(7) That the directory of personnel involved in the execution of the plan is maintained and up to date.

Interviews:

(1) Interview a sample of staff to determine whether staff have been informed of the plan and have been involved in practice sessions.

(2) Interview a sample of residents to determine whether residents have been informed of the plan and/or been involved in a practice session.

(3) Interview the administrative officer, or delegate, to ensure that the directory of personnel involved in the execution of the plan is maintained and up to date.

Physical Inspection:

(1) The emergency plan is posted in a conspicuous location in the facility.

SECTION: PHYSICAL PLANT
SUBSECTION: Safety Measures
SUBJECT: Secure Storage of Drugs

STANDARD:

(1) The administrative officer, or delegate, shall ensure that in each facility operated by the administrative officer that:
  (a) all drugs are stored in a separate storage area and that no drugs shall be stored in a resident's room or in any location accessible by the resident;
  (b) the storage area for drugs is kept locked at all times;
  (c) only persons authorized by the administrative officer, or delegate, have access to the drugs;
  (d) the temperature and lighting in the storage area are appropriate for the type of drugs that are being stored; and
  (e) a detailed record of the administration of any drug is maintained for both prescription and non-prescription drugs for each resident in accordance with Standard 2.2.3.

DEFINITION OF TERMS:

Drugs refer to any medicine prescribed by a licensed physician as well as any medicine that can be purchased without a prescription.

INDICATORS:

Interviews:

(1) Interview the administrative officer, or delegate, to determine if:
  (a) persons are authorized in the facility to have access to drugs;
  (b) only authorized persons in the facility have access to the drugs;
  (c) a detailed record is maintained for all drugs which are administered to each resident.

Physical Inspection:

(1) Check where drugs are kept to ensure that they are in locked storage.
(2) Ensure that a detailed record of drug disbursements in accordance with Standard (1)(c) is kept for each resident.

SECTION: PHYSICAL PLANT
SUBSECTION: Safety Measures
SUBJECT: Emergency First Aid Kits

STANDARD:

(1) The administrative officer, or delegate, shall ensure that each facility operated by the administrative officer is adequately equipped with approved Emergency First Aid Kits in accordance with the First Aid Regulations pursuant to the Occupational Health and Safety Act.
(2) The kits shall be maintained by the administrative officer, or delegate, and kept in locations that are known and accessible to all staff of the facility.

DEFINITION OF TERMS:

Adequately equipped with approved Emergency First Aid Kits refers to fulfillment of the requirements of the First Aid Regulations made pursuant to the Occupational Health and Safety Act. [Note: A copy of these Regulations may be obtained by writing to: Government Book Store, P.O. Box 637, Halifax, NS B3J 2T3 or calling toll free 1-800-526-6575 or local (Halifax) calls to 424-7580.]

INDICATORS:

Interviews:

(1) Interview the administrative officer, or delegate, to determine if there are a sufficient number of kits in accordance with the First Aid Regulations.
(2) Interview a sample of all staff to determine if they are aware of the location of the first aid kits and whether they feel the locations are immediately accessible.

Physical Inspection:

(1) Inspect to determine whether the facility is equipped with Emergency First Aid Kits in a location immediately accessible to all staff.

SECTION: PHYSICAL PLANT
SUBSECTION: Safety Measures
SUBJECT: Fire Safety
LEGAL REQUIREMENT: Children and Family Services Act. Section 99, S.N.S. 1990, c.5. Regulation 24(1), 24(2), p.6.

STANDARD:

(1) No person shall be maintained in a facility or any part thereof which is not approved within the last year by the Fire Marshal with respect to fire safety.
(2) The administrative officer, or delegate, of a facility shall request that the Fire Marshal inspect the facility at least once a year and shall permit the facility to be inspected by a Fire Marshal at such other times as are required to ensure that the requirements of the Fire Marshal are being followed.
(3) The administrative officer, or delegate, shall ensure that any noted deficiencies are corrected promptly.
(4) The administrative officer, or delegate, shall submit a copy of the Fire Marshal's report, as well as all subsequent documentation confirming that the facility has complied with any noted deficiencies, to the licensing staff, Family and Children's Services Division, Department of Community Services, annually following the fire inspection.

DEFINITION OF TERMS:

Licensing staff means the office of the Coordinator, Community Residential Services, Family and Children's Services Division, Department of Community Services, unless advised otherwise.

INDICATORS:

Documentation:

(1) Check to ensure that each facility has written records to support completion of an annual inspection by the Fire Marshal as well as compliance with any noted deficiencies.
(2) Check records of the Department of Community Services to ensure that Standard (4) has been followed.

Physical Inspection:

(1) Check to ensure that the facility has fulfilled the requirements of the Fire Marshal as indicated in inspection reports.

SECTION: PHYSICAL PLANT
SUBSECTION: Safety Measures
SUBJECT: Fire Safety: Structural and Mechanical Specifications

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STANDARD:

(1) The administrative officer, or delegate, shall ensure that each facility meets structural and mechanical specifications which guard against the injury or death of residents due to smoke or fire.

(2) The administrative officer, or delegate, shall ensure that each facility has:

- (a) at least one (1) acceptable exit from the first storey of the facility;
- (b) at least one (1) acceptable exit or two (2) means of exit from the third storey of the facility where the third storey provides sleeping accommodation;
- (c) one (1) or more single-station smoke alarms listed by Underwriters' Laboratories of Canada located in each bedroom or sleeping area and in each storey at interior stairways;
- (d) a fire-resistant partition between any fuel-fired central heating appliance and the remainder of the building where there is a bedroom on the same floor as the central heating fuel-fired appliance; and
- (e) a 2A 10B.C.-rated fire extinguisher for the kitchen that is listed by Underwriters' Laboratories of Canada.

(3) The administrative officer, or delegate, shall ensure that items (a) through (e) are reviewed by the Fire Marshal as part of the annual fire inspection.

DEFINITION OF TERMS:

Single-station smoke alarm may be battery operated or connected to the building's electrical supply.

INDICATOR:

Documentation:

(1) The annual fire inspection report does not include any areas of noncompliance with Standard (1).

(2) Where areas of noncompliance exist, review Fire Marshal's follow-up report to ensure that the facility has complied with any noted deficiencies.

SECTION: PHYSICAL PLANT
SUBSECTION: Safety Measures
SUBJECT: Fire Safety - Fire Alarm Procedures

STANDARD:

(1) The administrative officer, or delegate, shall ensure that all staff and all residents know the fire procedures.

(2) The administrative officer, or delegate, of a facility shall ensure that in each facility operated by the administrative officer:
   - (a) there are written fire alarm and evacuation procedures, and they shall emphasize that the staff's first priority is the orderly, safe evacuation of all residents.
   - (b) all staff persons and residents are instructed in a manner suitable for their understanding in the procedures to be followed when a fire alarm is activated;
   - (c) one (1) person on each shift is designated by the administrative officer, or delegate, as the person in charge of fire alarm procedures;
   - (d) the fire alarm is used to initiate all fire drills;
   - (e) the procedures referred to are posted in conspicuous locations in the facility.

(3) The administrative officer, or delegate, shall ensure that fire drills are conducted monthly and that some practice drills are conducted at night. A written record of monthly practice fire drills, including date and time, shall be maintained by the facility.

INDICATORS:

Documentation:

(1) Ensure the facility has a record of:
   - (a) the monthly practice of fire drills;
   - (b) written procedures which comply with Standard (1) and emphasize that the staff's first priority is the orderly, safe evacuation of the residents.

Interviews:

(1) Interview a sample of staff to determine if:
   - (a) staff are aware of the procedure to follow when a fire alarm is given and can give a verbal account of this;
   - (b) staff are aware that their first priority is the orderly evacuation of the residents;

  (c) the fire alarm is used to initiate all fire drills;
  (d) one staff person on night duty is designated to be in charge of fire alarm procedures.

(2) Interview a sample of residents to determine if they are aware of the procedure to follow when a fire alarm is given and can give a verbal account of this.

Physical Inspection:

(1) Ensure there is a written fire evacuation procedure posted in conspicuous locations in the facility.

SECTION: PHYSICAL PLANT
SUBSECTION: Safety Measures
SUBJECT: Fire Safety - Staff Training

STANDARD:

(1) The administrative officer, or delegate, shall ensure that in each facility operated by the administrative officer:
  (a) all staff persons are trained in the proper use of fire extinguishing equipment;
  (b) a record is maintained of each training session utilizing the equipment, including dates, name of instructor and staff trained.

DEFINITION OF TERMS:

Trained or **training** should include proper use of fire equipment and equipment maintenance, as well as the types of extinguishers that are appropriate for various types of fires. Outside expertise may be sought to help administrative staff in the training of personnel.

INDICATORS:

Documentation:

(1) Ensure the facility has a record of the training of staff in the proper use of fire extinguishing equipment which complies with Standard (1) (b).

Interviews:

(1) Interview a sample of staff to determine if they are trained in the proper use of fire extinguishing equipment.

SECTION: PHYSICAL PLANT
SUBSECTION: Safety Measures
SUBJECT: Fire Safety - Inspections (Daily, Monthly, Annually)

STANDARD:

(1) The administrative officer, or delegate, shall ensure that in each facility operated by the administrative officer the following are completed:

(1) DAILY:
   (a) an inspection of the facility, including equipment in the kitchen and laundry area, is made each night to ensure that there is no danger of fire and that all doors to stairwells, fire doors and smoke barrier doors are closed;
   (b) check to ensure all exits are clear;
   (c) check battery indicator in smoke detectors;
   (d) check the charging dates on, and condition of, the fire extinguishers;
   (e) a record of each inspection referred to in (a), (b), (c), and (d) is kept in the daily log of the facility.

(2) MONTHLY:
   (a) inspection of all safety equipment, including central alarm systems;
   (b) inspection of battery-operated smoke detectors;
   (c) inspection of electrical extensions for frayed wires;
   (d) a record of each inspection is kept maintained in the facility.

(3) ANNUALLY:
   (a) installation of new batteries in each battery-operated smoke alarm;
   (b) inspection of the fire alarm system or electrically interconnected smoke alarm system by qualified maintenance personnel;
   (c) ensure that Standard (1) of 4.2.4 (Fire Safety: Structural and Mechanical Specifications) is observed;
   (d) have the facility inspected by the Fire Marshal in accordance with Standard 4.2.3;
   (e) a record is maintained by the facility of items (a) through (d) of the Annual duties.

(2) The administrative officer, or delegate, shall ensure that all inspection reports are maintained by the facility for at least two (2) years from the date of the inspection, service or test.

DEFINITION OF TERMS:

Inspection in (a) under "Daily" duties, refers to a visual inspection to determine if there is any obvious damage to the fire equipment, if the fire extinguishers require recharging, and if the house is safe from fire hazards.

INDICATORS:

Documentation:

(1) Daily:
Ensure the facility has a record of (a) through (d) in the daily log of the facility.

(2) Monthly:
Ensure the facility has a record of the completion of items (a), (b), and (c).

(3) Annually:
  (a) Ensure there is a record that new batteries were installed in each battery-operated smoke alarm.
  (b) A record of the inspection of the fire alarm system and electrically interconnected smoke alarm system by qualified maintenance personnel is available in the facility.
  (c) An annual fire inspection report confirms compliance with Standard (c) and (d) of the Annual requirements.

(4) Check that the records required to be kept are retained for at least two years from the date of inspection, service or test.

SECTION: PHYSICAL PLANT
SUBSECTION: Safety Measures
SUBJECT: Fire Safety - General Precautions

STANDARD:

(1) The administrative officer, or delegate, in each facility operated by the administrative officer shall ensure that:
  (a) flammable liquids and paint supplies that are kept in the facility are stored in lockable containers;
  (b) sprinkler heads and fire detector heads in the facility are not painted;
  (c) staff regularly check to see that exits are clear and unobstructed;
  (d) an up-to-date list of names, addresses, and phone numbers of the local fire department, police force, Emergency Measures Organization, ambulance services, physicians, and local hospital(s) are posted in an accessible location in the facility close to a telephone.

INDICATORS:

Interviews:

(1) Interview a sample of staff to determine if staff regularly check to see that exits are clear and unobstructed.

Physical Inspection:

(1) Ensure flammable liquids and paint supplies are stored in lockable containers.
(2) Ensure sprinkler heads and fire detector heads are not painted.
(3) Ensure an up-to-date list of names, addresses and phone numbers as per Standard (1)(d) is posted in an accessible location in the facility and close to a telephone.

SECTION: PHYSICAL PLANT
SUBSECTION: Safety Measures
SUBJECT: Health Protection - General Precautions

STANDARD:

(1) The administrative officer, or delegate, shall ensure that in each facility operated by the administrative officer:
  (a) all poisonous and hazardous substances are kept in locked containers;
  (b) harmful substances and objects not essential to the operation of the facility are not kept in the facility;
  (c) firearms are not kept on the premises of the facility;
  (d) a supply of drinking water is provided that, in the opinion of the local health authorities, is sanitary and adequate for the requirements of the facility, and the facility is in receipt of written confirmation of the opinion of the local health authorities where the facility's water supply is not provided by the municipality.

DEFINITION OF TERMS:

Poisonous and hazardous substances include substances that are marked as hazardous or poisonous and/or those that the manufacturer indicates should be kept out of the reach of the children and flammable substances (e.g., gasoline).

Firearms on the premises refer to possession or use of fire arms by residents or staff of the facility. This standard does not apply to police. Police use of firearms is governed by their own Regulations. For security reasons, you might wish to advise police of any situation which might indicate a firearm would be a risk factor inside the facility. The police will then evaluate whether or not the firearm will be brought onto the premises.

INDICATORS:

Documentation:

(1) There is documentation signed by the local health authorities stating that the facility has an adequate and sanitary supply of drinking water. This may be part of the annual inspection by the health authorities. **This is unnecessary if the facility's water supply is provided by the municipality.**

Interviews:

(1) Interview the administrative officer, or delegate, to determine if any firearms are kept in the facility.

Physical Inspection:

(1) Inspect the facility to ensure that poisonous and hazardous substances are kept in locked containers.

(2) Inspect the facility to ensure that harmful substances and objects not essential to the operation of the facility are not kept in the facility.

SECTION: PHYSICAL PLANT
SUBSECTION: Safety Measures
SUBJECT: Health Inspection - Smoking/Use of Tobacco Products

STANDARD:

(1) Consistent with the spirit of the Government's legislation entitled, "An Act to Restrict the Access to Tobacco and Tobacco Products by Minors" and in recognition of the health hazards associated with the use of tobacco or tobacco products, all facilities operated, licensed or approved pursuant to the Children and Family Services Act and Regulations shall be designated "smoke free" environments. This "smoke free" environment shall be respected by all staff, residents or any persons visiting the facility.

(2) Every facility shall have a written policy consistent with Standard (1) and which also includes but is not limited to the following:
    (a) prohibition of the provision of tobacco or tobacco products to any resident of the facility by any member of the facility staff;
    (b) requirement for the provision of age/developmentally appropriate information which speaks to the health hazards associated with use of tobacco or tobacco products; and
    (c) where the facility permits smoking outside of the facility, a requirement for the written permission of the parent(s)/guardian as well as procedures for the storage and use of tobacco/tobacco products, lighters, or matches.

DEFINITION OF TERMS:

Smoke free environment is defined to include the building(s) in which residents reside, any out buildings located on the property occupied by the facility.

INDICATORS:

Documentation:

(1) Check to ensure that the facility has a policy consistent with Standard (1) and (2).

(2) Review a sample of resident files to confirm written permission is provided by the parent(s)/guardian where residents are permitted to smoke outside of the facility.

Interview:

(1) Interview a sample of staff and residents to determine if the smoking policy is respected.

SECTION: PHYSICAL PLANT
SUBSECTION: Safety Measures
SUBJECT: Health Inspection - Annual Inspection

STANDARD:

(1) The administrative officer, or delegate, shall ensure that each facility operated by the administrative officer is inspected at least once a year by the local health authorities and shall permit the facility to be inspected by the health authorities at such times as is required to ensure that the facility is complying with the requirements of the health authorities and that sanitary conditions exist in the facility.
(2) The annual health inspection shall include an inspection of the water supply where the facility's water supply is not provided by the municipality.
(3) The administrative officer, or delegate, shall submit a copy of the annual health inspection report from the local health authorities, as well as all subsequent documentation confirming that the facility has complied with any noted deficiencies, to the licensing staff, Family and Children's Services Division, Department of Community Services, annually following the inspection.

DEFINITION OF TERMS:

Licensing staff means the office of the Coordinator, Community Residential Services, Family and Children's Services Division, Department of Community Services, unless advised otherwise.

INDICATORS:

Documentation:

(1) Check to ensure that each facility has written reports to support completion of an annual health inspection by local health authorities, including inspection of the water supply where applicable.
(2) Check to ensure that there is written confirmation from local health authorities that the facility has corrected all noted deficiencies.
(3) Check the records of the Department of Community Services to ensure the facility has complied with Standard (3).

Physical Inspection:

(1) Check to ensure that the facility has fulfilled the requirements of the health authorities, as indicated in the inspection reports.

APPENDICES

Appendix I - List of *Residential Child-Caring Facilities* to which Standards apply

Appendix II - Residential Facilities Admissions Application (Sample Form)

Appendix III - Standardized Admission Register

Appendix IV - Code of Ethics

Appendix V(a) - Form I - Report of Alleged Child Abuse to the Administrative Officer/Delegate of the Facility and the Child Protection Agency

Appendix V(b) - Extracts from the Children and Family Services Act - 1991. c.5 - Mandatory Reporting Provisions

Appendix VI - Policy Statement #49 (Management of Resident's Dangerous Behaviour in Facilities)

Appendix VII - Proposed Revised Checklists - Special Care Facility Plan Review by Category and by Priority

Appendix VIII - EMO Special Care Emergency Planning Programme (Draft Planning Guide)

Appendix IX - Sample of Service Contract

Appendix X - Missing Resident Report

APPENDIX I

DEPARTMENT OF COMMUNITY SERVICES
FAMILY AND CHILDREN'S SERVICES DIVISION

RESIDENTIAL CHILD-CARING FACILITIES

CENTRAL REGION

BARNETT HOUSE

Phone: 422-8295
5724 South Street
Halifax, Nova Scotia B3H 1S4
Fax: 422-3725

Administrator: Sister Mary Ellen Boyce, R.G.S. (Sisters of the Good Shepherd)
Clinical Director: Wade Johnston (Phone: 425-5120)
Supervisor: Lorna Finley
Date Opened: August 1977
Capacity: 4 Beds
Age Range Served: 15 to 21 years of age at time of admission
Gender: Female

BRENTON HOUSE

Phone: 422-2666
1094 Tower Road
Halifax, Nova Scotia B3H 2Y5
Fax: 466-0466

Executive Director: Linda Wilson
Director of Programs: Estella Ervin
Supervisor: Trish O'Brien
Date Opened: June 25, 1990
Capacity: 10 Beds
Age Range Served: 12 to 16 years of age at time of admission
Gender: Male

CHILDREN'S RESPONSE PROGRAM

Phone: 428-8872
5846 South Street, PMQ #1
Halifax, Nova Scotia B3H 1R8
Fax: 428-2965

Team Leader: Susan Fitzgerald
Date Opened: June 1995
Capacity: 16 Beds plus 1 Respite Bed
Age Range Served: 6 to 12 years of age, inclusive, at time of admission
Gender: Male and Female

CHISHOLM TREATMENT CENTRE

1172 South Park Street
Halifax, Nova Scotia B3H 2W8

Phone: 425-5120
Fax: 422-3725

Director: Sister Mary Ellen Boyce, RGS (Sisters of the Good Shepherd)
Clinical Director: Wade Johnston
Date Opened: January 1, 1970
Capacity: 7 Beds
Age Range Served: 12 to 18 years of age at time of admission
Gender: Female

HAVEN HOUSE

72 Mount Edward Road
Dartmouth, Nova Scotia B2W 3K8

Phone: 827-5662
Cell #: 499-5350 & 471-3705
Fax: 827-5662
(Same as Phone #)

Mailing Address:
939 West Porter's Lake Road
West Porter's Lake, Nova Scotia B3E 1K9

Administrator: Donna Colp-Doucette
Supervisor: Donald Doucette
Date Opened: September 1996
Capacity: 3 Beds
Age Range Served: 10 to 15 years of age at time of admission
Gender: Male and Female

HAWTHORNE HOUSE

131 Prince Albert Road
Dartmouth, Nova Scotia B2Y 1M5

Phone: 466-3496
Fax: 466-0466

Executive Director: Linda Wilson
Director of Programs: Estella Ervin
Supervisor: Colleen Connors
Date Opened: February 1979
Capacity: 8 Beds
Age Range Served: 12 to 16 years of age at time of admission
Gender: Male

JOHNSON HOUSE

Phone: 463-2751
518 Pleasant Street
Dartmouth, Nova Scotia B2W 1A4
Fax: 466-0466

Executive Director: Linda Wilson
Director of Programs: Estella Ervin
Supervisor: Jackie Woodford-MacDougall
Date Opened: April 6, 1981
Capacity: 8 Beds plus 1 Emergency Bed
Age Range Served: 12 to 16 years of age at time of admission
Gender: Female

JUBIEN HOUSE

Phone: 477-4753
233 Purcell's Cove Road
Halifax, Nova Scotia B3P 1B9
Fax: 466-0466

Executive Director: Linda Wilson
Director of Programs: Estella Ervin
Supervisor: Michelle Sullivan
Date Opened: March 1982
Capacity: 8 Beds
Age Range Served: 12 to 16 years of age at time of admission
Gender: Female

REIGH ALLEN CENTRE

Phone: 466-2666
270 Pleasant Street
Dartmouth, Nova Scotia B2Y 3S3
Fax: 466-0466

Executive Director: Linda Wilson
Director of Programs: Estella Ervin
Supervisor: Steve MacAskill
Date Opened: January 1999
Capacity: 20 Beds
Age Range Served: 12 to 16 years of age at time of admission
Gender: Male and Female

SULLIVAN HOUSE		**Phone:**	466-2666
c/o Association for the Development of Children's Residential Facilities		**Fax:**	466-0466

270 Pleasant Street
Dartmouth, Nova Scotia B2Y 3S3

Executive Director:	Linda Wilson
Director of Programs:	Estella Ervin
Supervisor:	Ernie Hilton
Date Opened:	March 1993
Capacity:	8 Beds plus 1 Emergency Bed
Age Range Served:	12 to 18 years of age at time of admission
Gender:	Female and Male

THE NOVA SCOTIA HOME FOR COLORED CHILDREN **Phone:** 434-0674

1018 Main Street
Dartmouth, Nova Scotia B2W 4X9 **Fax:** 434-6544

Executive Director:	Wilfred A. Jackson
Clinical Director:	Patricia Mugridge
Youth Care Coordinator:	Althea Tolliver
Date Opened:	March 4, 1921
Capacity:	14 Beds
Age Range Served:	12 to 16 years of age at time of admission
Gender:	Male and Female

EASTERN REGION

BOYS' RESIDENTIAL CENTRE
680 King Street
New Waterford, Nova Scotia B1H 3Z3

Phone: 862-3851
Fax: 862-7661 (Centre)
563-3667 (Agency)

Executive Director: Marie Boone(CAS of Cape Breton)
Director: J. Charles Coleman
Date Opened: September 3, 1973
Capacity: 7 Beds plus 2 Emergency Beds
Age Range Served: 12 to 16 years of age at time of admission
Gender: Male

GIRLS' RESIDENTIAL CENTRE
84 Charlotte Street
Sydney, Nova Scotia B1P 1B7

Phone: 567-2972
Fax: 567-3394 (Centre)
563-3667 (Agency)

Mailing Address:
c/o Boys' Residential Centre
680 King Street
New Waterford, Nova Scotia B1H 3Z3

Executive Director: Marie Boone (CAS of Cape Breton)
Director: J. Charles Coleman
Date Opened: June 5, 1995
Capacity: 7 Beds plus 2 Emergency Beds
Age Range Served: 12 to 16 years of age at time of admission
Gender: Female

NORTHERN REGION

CUMBERLAND COMMUNITY HOMES		**Phone:**	447-3373
P.O. Box 248			
Oxford, Nova Scotia	B0M 1P0	**Fax:**	447-2670 (a phone line)

Chief Executive Officer:	Al Henley
Supervisors:	Vicki Mattinson and Randy McCulley
Date Opened:	July 1986
Capacity:	6 Beds (2 houses: Mansfield House and Town House)
Age Range Served:	15 to 21 years of age at time of admission
Gender:	Male

HARMONY HOUSE RESIDENTIAL SERVICES		**Phone:**	897-2367
300 Mountain Lee Road			
R. R. No. 6		**Fax:**	897-0850
Truro, Nova Scotia	B2N 5B4		

Chief Executive Officer:	Peter Digout
Supervisor:	Joyce O'Toole
Date Opened:	December 1994
Capacity:	6 Beds (2 houses: Harmony Farm and Harmony House)
Age Range Served:	13 to 18 years of age at time of admission
Gender:	Female

MULLINS HOUSE		**Phone:**	661-4890
66 Academy Street			
Amherst, Nova Scotia	B4H 3J2	**Fax:**	667-3241

Co-Directors:	Anne March & Wendy Rhindress
Date Opened:	November 1995
Capacity:	4 Beds
Age Range Served:	8 to 13 years of age at time of admission
Gender:	Male and Female

PICTOU ADOLESCENT ASSESSMENT CENTRE

7 Campbell's Lane
New Glasgow, Nova Scotia B2H 2H9

Phone: 752-1416
Phone: 755-5950 (Agency)
Fax: 755-7367 (Agency)

Executive Director: Anne Blandford (CAS of Pictou County)
Supervisor: Martha Gillis
Date Opened: November 10, 1989
Capacity: 6 Beds plus 1 Emergency Bed
Age Range Served: 12 to 16 years of age at time of admission
Gender: Male and Female

PLYMOUTH GROUP HOME

23 MacBeth Road
Plymouth, Nova Scotia

Phone: 752-4647
Phone: 755-5950 (Agency)
Fax: 755-7367 (Agency)

Mailing Address:
7 Campbell's Lane
New Glasgow, Nova Scotia B2H 2H9

Executive Director: Anne Blandford (CAS of Pictou County)
Supervisor: Jeffrey Reid
Date Opened: March 2000
Capacity: 8 Beds
Age Range Served: 11 to 15 years of age, inclusive, at time of admission
Gender: Male and Female

RAVEN CREST RESIDENTIAL SERVICES

P.O. Box 545
Oxford, Nova Scotia B0M 1P0

Phone: 686-3002
Cell #: 664-2944
Fax: 686-3006

Chief Executive Officer: Randy Thompson
Director of Services: Bill Scott
Date Opened: September 1993
Capacity: 6 Beds (2 houses: Collingwood House & Leicester House)
Age Range Served: 13 to 17 years of age at time of admission
Gender: Male

RECONNECT RESIDENTIAL SERVICES		**Phone:**	667-1997
3705 Barronsfield Road			
River Hebert, Nova Scotia B0L 1G0		**Fax:**	667-1338

Mailing Address:
P.O. Box 255
Amherst, Nova Scotia B4H 3Z2

Chief Executive Officer:	Ken Brown
Supervisor:	Bev Brown
Date Opened:	February 1996
Capacity:	3 Beds
Age Range Served:	15 to 18 years of age at time of admission
Gender:	Male and Female

WESTERN REGION

DAYSPRING ADOLESCENT TREATMENT CENTRE

145 Leary Fraser Road
Dayspring, Nova Scotia B4V 3J5

Phone: 527-1080

Fax: 527-0488 (Centre)
543-6186 (Agency)

Mailing Address:
R. R. No. 7
Bridgewater, Nova Scotia B4V 3J5

Executive Director:	Randy Acker (F&CS of Lunenburg County)
Director:	Dwayne Stacey
Date Opened:	May 27, 1999
Capacity:	10 Beds plus 2 Emergency Beds
Age Range Served:	11 to 16 years, inclusive, of age at time of admission
Gender:	Male and Female

HEBRON RESIDENTIAL CENTRE

831 Highway No. 1
Hebron, Yarmouth County
Nova Scotia B0W 1X0

Phone: 742-8782

Fax: 742-5682 (Centre)
742-8945 (Agency)

Mailing Address:
P. O. Box 95
Hebron, Nova Scotia B0W 1X0

Executive Director:	Darryl DeViller (F&CS of Yarmouth County)
Director:	Brian Amirault
Date Opened:	September 1974
Capacity:	12 Beds
Age Range Served:	10 to 16 years of age at time of admission
Gender:	Male

KINGS REGIONAL REHABILITATION CENTRE

P.O. Box 128 — **Phone:** 538-3103
Waterville, Nova Scotia B0P 1V0 — **Fax:** 538-7022

Administrator: Eleanor Newton
Program Manager: Patricia Rose
Program Social Worker: Mike Margeson
Date Opened: November 1994
Capacity: 10 Beds plus 1 Respite Bed (3 houses: Ashlee House, 4 beds; Berwick House, 3 beds, and Greenwood House, 3 beds plus 1 respite bed)
Age Range Served: 10 to 15 years of age at time of admission
Gender: Male and Female

NEXUS

1057 Scott Drive — **Phone:** 679-2227
Kentville, Nova Scotia B4N 4H2 — **Fax:** 678-2028 (Centre)
679-0522 (Agency)

Executive Director: Robert Myles (F&CS of Kings County)
Program Director: Mark Hill
Consulting Director: Thom Garfat, Ph.D.
Date Opened: November 9, 1992
Capacity: 6 Beds plus 2 Emergency Beds
Age Range Served: 12 to 16 years of age at time of admission
Gender: Male and Female

S.O.S. CHILDREN'S VILLAGE
Nova Scotia - Canada Society

Phone: 825-6586
General Delivery — **Fax:** 825-2760
Margaretville
Annapolis County, Nova Scotia B0S 1N0

Director: Wendy Chappell
Program Coordinator: Marcelle Banks
Date Opened: February 22, 1983
Capacity: 15 Residential Beds (11 Long-Term Beds plus 4 Respite Beds) plus 4 Family beds
Age Range Served: Birth to 21 years of age at time of admission
Gender: Male and Female

WINDSOR RESIDENTIAL
RESOURCE CENTRE
265 Avon Street
P.O. Box 99
Windsor, Nova Scotia   B0N 2T0

Phone: 798-2289 (Agency)
798-4672 (Centre)

Fax: 798-3669 (Agency)

Executive Director:	Edward (Ted) Vale (F&CS of Hants County)
Supervisor:	Heather Morse (on leave)
Acting Supervisor:	Darlene Sutherland
Date Opened:	May 1, 1991
Capacity:	4 Beds
Age Range Served:	12 to 16 years of age at time of admission
Gender:	Female

APPENDIX II

RESIDENTIAL FACILITIES ADMISSIONS APPLICATION

Please list name(s) of facility(ies) to which referral is being made:

____

____

____

____

____

____

Child/youth's Full Legal Name:

____
Last   First   Middle

Legal Status:
_____ Temp. Care (Sec.17)   _____ Temp.Care (Sec.17&18)
_____ Section 33   _____ Permanent C\C
_____ Y.O.A.

Date of Birth (YY\MM\DD): ______________________
H.C.N.: ______________ Expiry Date: ______________
Current Location: ______________________
Contact Person: ______________________
Home Community: ______________________
Guardian(s)\Parent(s) Name: ______________________
Guardian(s)\Parent(s) Address: ______________________
____
Postal Code: ______________________
Guardian(s)\Parent(s) Phone: ______________________
Family Doctor: ______________ Doctor's Phone: ______________

Caseworker: ______________________
Agency: ______________________
Address: ______________ Postal Code: ______________
Phone: Office: __________ Emergency: __________ Fax: __________

(Appendix II Form: May 17, 2000)

Presenting Problems: ____

Please give sufficient history to explain the present behaviour (include placement history): ____

Placement Objectives (specify objectives for this placement):

Education: Grade Level Currently Enrolled: ____________________
Grade Level Completed: ____________ Grades Failed: ____________
Name of School: ____________________
Learning Disability: _______ Yes _________ No ____________
Intellectual Ability:___ Low Average ___ Average ___ Above average

Describe any Special Learning Needs:

Describe School Behaviour: ______________________________

Special Needs: (diet\medical\medications\disability\behavioural disorder(s), etc.): ______________________________

Key Child Caring Notes (include signal behaviour patterns, response to authority, female\male relationships, rules, level of risk to self and others, hobbies, special interests, etc.): ______________________________

Comment on any issues that should be addressed in supervising this child/youth: ______________________________

REPORTS AVAILABLE- REQUIRED *	ATTACHED - Yes / No
Social History *	
Update to Social History *	
Medical Reports	
Psychological & Psychiatric Reports	
Counsellor\Therapist Reports	
Educational Assessment *	
Most Recent Standardized Test Scores	
Psychometric Testing Reports	
Previous Placement Reports *	
Other (Specify)	

Please list names of other professionals or agencies that are involved with this referral (please include telephone numbers):

Placement Plan upon Discharge:

Signature:
Casework Supervisor:
Date:

APPENDIX III

ADMISSION REGISTER

Name of Facility: ______________________________

Full Legal Name of Resident: ______________________________

Resident's Age: __________ Date of Birth: ______________________
(Day) (Month) (Year)

Resident's Legal Status: ______________________________

Name and Address of Placing Agency: ______________________________

____

____

Name of Resident's Social Worker: ______________________________

Phone # of Resident's Social Worker: ______________________________

Name of Resident's Parent(s)/Legal Guardian:

____

Address of Resident's Parent(s)/Legal Guardian:

____

____

Phone # of Resident's Parent(s)/Legal Guardian: ______________

Name and Phone # of Emergency Contact Person: ______________

____

Date of Admission to the Facility: ______________________
(Day) (Month) (Year)

Date and Time of Discharge from the Facility:

______________________ ______________________
(Day) (Month) (Year) *(Time: a.m./p.m.)*

Form of Discharge: __________ __________
(Planned) *(Unplanned)*

Reason for Discharge:

____

____

____

(Appendix III Form: May 17, 2000)

APPENDIX IV

Code of Ethics
Standards for Practice
of North American
Child and Youth Care Professionals

PREAMBLE

Professional Child and Youth Care is committed to promoting the well being of children, youth, and families in a context of respect and collaboration. This commitment is carried out in a variety of settings and with a broad range of roles including direct practice, supervision, administration, teaching and training, research, consultation, and advocacy. In the course of practice Child and Youth Care Professionals encounter many situations which have ethical dimensions and implications.

As Child and Youth Care Professions we are aware of, and sensitive to, the responsibilities involved in our practice. Each professional has the responsibility to strive for high standards of professional conduct. This includes a commitment to the centrality of ethical concerns for Child and Youth Care practice, concern with one's own professional conduct, encouraging ethical behavior by others, and consulting with others on ethical issues.

This ethical statement is a living document, always a work in progress, which will mature and clarify as our understanding and knowledge grow. The principles represent values deeply rooted in our history, to which there is a common commitment. They are intended to serve as guidelines for conduct and to assist in resolving ethical questions. For some dilemmas, the principles provide specific or significant guidance. In other instances, the Child and Youth Care Professional is required to combine the guidance of the principles with sound professional judgment and consultation. In any situation, the course of action chosen is expected to be consistent with the spirit and intent of the principles.

PRINCIPLES AND STANDARDS

I. RESPONSIBILITY FOR SELF:

A. Maintains competency.

1. Takes responsibility for identifying, developing, and fully utilizing knowledge and abilities for professional practice.
2. Obtains training, education, supervision, experience and/or counsel to assure competent service.

B. Maintains high standards of professional conduct.

C. Maintains physical and emotional well-being.

1. Aware of own values and their implication for practice.
2. Aware of self as a growing and strengthening professional.

II. RESPONSIBILITY TO THE CLIENT (Client is defined as the child, family, and former clients)

A. Above all, shall not harm the child, youth or family.

1. Does not participate in practices that are disrespectful, degrading, dangerous, exploitive, intimidating, psychologically damaging, or physically harmful to clients.

B. Provides expertise and protection.
1. Recognizes, respect, and advocates for the rights of the child, youth and family.

C. Recognizes that professional responsibility is to the client and advocates for the client's best interest.

D. Ensures that services are sensitive to and non-discriminatory of clients regardless of race, color, ethnicity, national origin, national ancestry, age, gender, sexual orientation, marital status, religion, abilities, mental or physical handicap, medical condition, political belief, political affiliation, socioeconomic status.
1. Obtains training, education, supervision, experience, and/or counsel to assure competent service.

E. Recognizes and respects the expectations and life patterns of clients.
1. Designs individualized programs of child, youth and family care to determine and help meet the psychological, physical, social, cultural and spiritual needs of the clients.
2. Designs programs of child, youth, and family care which address the child's developmental status, understanding, capacity, and age.

F. Recognizes that there are differences in the needs of children, youth and families.
1. Meets each client's needs on an individual basis.
2. Considers the implications of acceptance for the child, other children, and the family when gratuities or benefits are offered from a child, youth or family.

G. Recognizes that competent service often requires collaboration. Such service is a cooperative effort drawing upon the expertise of many.
1. Administers medication prescribed by the lawful prescribing practitioner in accordance with the prescribed directions and only for medical purposes. Seeks consultation when necessary.
2. Refers the client to other professionals and/or seeks assistance to ensure appropriate services.
3. Observes, assesses, and evaluates services/treatments prescribed or designed by other professionals.

H. Recognizes the client's membership within a family and community, and facilitates the participation of significant others in service to the client.

I. Fosters client self determination.

J. Respects the privacy of clients and holds in confidence information obtained in the course of professional service.

K. Ensures that the boundaries between professional and personal relationships with clients is explicitly understood and respected, and that the practitioner's behavior is appropriate to this difference.
1. Sexual intimacy with a client, or the family member of a client, is unethical.

III. RESPONSIBILITY TO THE EMPLOYER/EMPLOYING ORGANIZATION:

A. Treats colleagues with respect, courtesy, fairness, and good faith.
B. Relates to the clients of colleagues with professional consideration.
C. Respects the commitments made to the employer/employing organization.

IV. RESPONSIBILITY TO THE PROFESSION:

A. Recognizes that in situations of professional practice the standards in this code shall guide the resolution of ethical conflicts.
B. Promotes ethical conduct by members of the profession.
    1. Seeks arbitration or mediation when conflicts with colleagues require consultation and if an informal resolution seems appropriate.
    2. Reports ethical violations to appropriate persons and/or bodies when an informal resolution is not appropriate.
C. Encourages collaborative participation by professionals, client, family and community to share responsibility for client outcomes.
D. Ensures that research is designed, conducted, and reported in accordance with high quality Child and Youth Care practice, and recognized standards of scholarship, and research ethics.
E. Ensures that education and training programs are competently designed and delivered.
    1. Programs meet the requirements/claims set forth by the program.
    2. Experiences provided are properly supervised.
F. Ensures that administrators and supervisors lead programs in high quality and ethical practice in relation to clients, staff, governing bodies, and the community.
    1. Provides support for professional growth.
    2. Evaluates staff on the basis of performance on established requirements.

V. RESPONSIBILITY TO SOCIETY:

A. Contributes to the profession in making services available to the public.
B. Promotes understanding and facilitates acceptance of diversity in society.
C. Demonstrates the standards of this Code with students and volunteers.
D. Encourages informed participation by the public in shaping social policies and institutions.

The Facilities Standards Committee acknowledges and thanks the Draft Committee for the International Leadership Coalition for Professional Child and Youth Care for providing the above Code of Ethics.

Members of Draft Committee:

Jerry Landau, Shawbridge Youth Centres, Montreal, Quebec

Martha A. Mattingly, Child Care Association of Pennsylvania
3rd Vice-President,
National Organization of Child Care Worker Associations (NOCCWA)

Gloriajean Murphy
President, Quebec Association of Child Care Educators
Batshaw, Shawbridge, Youth and Family Centre
Montreal, Quebec

APPENDIX V (a)

FORM I - REPORT OF ALLEGED CHILD ABUSE TO THE ADMINISTRATIVE OFFICER/DELEGATE OF THE FACILITY AND THE CHILD PROTECTION AGENCY

PRIVATE AND CONFIDENTIAL

FAILURE TO REPORT CHILD ABUSE TO AN AGENCY IS AN OFFENCE (SECTION 23, 24, AND 25 OF THE CHILDREN AND FAMILY SERVICES ACT).

I Resident's Name ____________________ Living Unit ______________
Birth Date ______________________________ Sex M ______ F ______
Parent/Guardian ____
Home Address ____

II. This report was prepared by: (Please print) ____________________
Relationship to resident ______________ Telephone Number ____________
Date and time of alleged incident(s) (where applicable) ____________
Place of alleged incident(s) ______________________________
Date and time information disclosed/received ____________________

III. Type of abuse reported/disclosed (physical, emotional, sexual). Describe the allegation/disclosure in brief and concrete terms. Allegations of sexual abuse must be reported using the child's own words (additional paper may be utilized if necessary).
____
____

IV. Name of alleged offender (if known) ____________________________
Birth Date ______________________________ Sex M ______ F ______

V. Relationship of alleged perpetrator to child ____________________

VI. Name(s) of witness(es) to the incident(s) (if any):
____
____

VII. Was the resident examined by medical staff or a doctor? Yes ___ No ___
*Medical reports/nurses notes shall accompany this report where available.

VIII. Resident's present condition ______________________________
____
____

IX. Additional Remarks ____
____
____

THIS REPORT PASSED TO THE ADMINISTRATIVE OFFICER/DELEGATE ON:
(DATE) ______________________________ A.M. _____ P.M. _____

______________________________ ______________________________
SIGNATURE OF STAFF PERSON POSITION IN FACILITY

REPORT RECEIVED BY ADMINISTRATIVE OFFICER/DELEGATE ON:
(DATE) ______________________________ A.M. _____ P.M. _____

______________________________ ______________________________
SIGNATURE OF ADMINISTRATIVE OFFICER/DELEGATE NAME OF FACILITY

VERBAL REFERRAL MADE TO THE CHILD PROTECTION AGENCY ON (DATE) ______________
A.M. _____ P.M. _____
WRITTEN REPORT FORWARDED TO THE CHILD PROTECTION AGENCY ON (DATE) ______________
A.M. _____ P.M. _____

A SIGNED COPY OF THIS REPORT SHALL BE PROVIDED TO THE STAFF PERSON WHO MADE THE REPORT TO THE ADMINISTRATIVE OFFICER/DELEGATE OF THE FACILITY AND THE CHILD PROTECTION AGENCY.

(Appendix Va Form - May 1st, 2000)

APPENDIX V (b)

EXTRACTS FROM THE CHILDREN AND FAMILY SERVICES ACT - 1991. c.5 - MANDATORY REPORTING PROVISIONS

DEFINITION OF A CHILD, SUBSTANTIAL RISK, AND A CHILD IN NEED OF PROTECTIVE SERVICES

The following reporting provisions came into effect on September 3, 1991 with the proclamation of the Children and Family Services Act.

DUTY TO REPORT - SECTION 23

SECTION 23

(1) Every person who has information, whether or not it is confidential or privileged, indicating that a child is in need of protective services shall forthwith report that information to an agency.

Restriction on civil action

(2) No action lies against a person by reason of that person reporting information pursuant to subsection (1), unless the reporting of that information is done falsely and maliciously.

Offence and penalty

(3) Every person who contravenes subsection (1) is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both.

Limitation period

(4) No proceedings shall be instituted pursuant to subsection (3) more than one year after the contravention occurred.

Offence and penalty

(5) Every person who falsely and maliciously reports information to an agency indicating that a child is in need of protective services is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to imprisonment for a period of not exceeding six months or to both.

SECTION 3

(1) (e) "Child" means a person under sixteen years of age unless the context otherwise requires;

SECTION 22

(1) In this Section, "substantial risk" means a real chance of danger that is apparent on the evidence.

(2) A child is in need of protective services where

(a) the child has suffered physical harm, inflicted by a parent or guardian of the child or caused by the failure of a parent or guardian to supervise and protect the child adequately;

(b) there is substantial risk that the child will suffer physical harm inflicted or caused as described in clause (a);

(c) the child has been sexually abused by a parent or guardian of the child, or by another person where a parent or guardian of the child knows or should know of the possibility of sexual abuse and fails to protect the child;

(d) there is a substantial risk that the child will be sexually abused as described in clause (c);

(e) a child requires medical treatment to cure, prevent, or alleviate physical harm or suffering, and the child's parent or guardian does not provide, or refuses or is unavailable or is unable to consent to, the treatment;

(f) the child has suffered emotional harm, demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour and the child's parent or guardian does not provide, or refuses, or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(g) there is substantial risk that the child will suffer emotional harm of the kind described in clause (f), and the parent or guardian does not provide, or refuses, or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(h) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or guardian does not provide, or refuses, or is unavailable or unable to consent to, services or treatment to remedy or alleviate the condition;

(i) the child has suffered physical or emotional harm caused by being exposed to repeated domestic violence by or towards a parent or guardian of the child, and the child's parent or guardian fails or refuses to obtain services or treatment to remedy or alleviate the violence;

(j) the child has suffered physical harm caused by chronic and serious neglect by a parent or guardian of the child, and the parent or guardian does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(k) the child has been abandoned, the child's only parent or guardian has died or is unavailable to exercise custodial rights over the child and has not made adequate provisions for the child's care and custody, or the child is in the care of an agency or another person and the parent or guardian of the child refuses or is unable or unwilling to resume the child's care and custody;

(l) the child is under twelve years of age and has killed or seriously injured another person or caused serious damage to another person's property, and services or treatment are necessary to prevent a recurrence and a parent or guardian of the child does not provide, or refuses or is unavailable or unable to consent to, the necessary services or treatment;

(m) the child is under twelve years of age and has on more that one occasion injured another person or caused loss or damage to another person's property, with the encouragement of a parent or guardian of the child or because of the parent or guardian's failure or inability to supervise the child adequately.

DUTY OF PROFESSIONALS AND OFFICIALS TO REPORT - SECTION 24

SECTION 24

"suffer abuse" defined

(1) In this section, "suffer abuse", when used in reference to a child, means be in need of protective services within the meaning of clause (a), (c), (e), (f), (h), (i), or (j) of subsection (2) of Section 22.

(2) Notwithstanding any other Act, every person who performs professional or official duties with respect to a child, including

(a) a health care professional, including a physician, nurse, dentist, pharmacist or psychologist;

(b) a teacher, school principal, social worker, family counsellor, member of the clergy, operator or employee of a day care facility;

(c) a peace officer or a medical examiner;

(d) an operator or employee of a child-caring facility or child-care service;

(e) a youth or recreation worker,

who, in the course of that person's professional or official duties, has reasonable grounds to suspect that a child is or may be suffering or may have suffered abuse shall forthwith report the suspicion and the information upon which it is based to an agency.

Application of Section

(3) This Section applies whether or not the information reported is confidential or privileged.

Effect on Section 23

(4) Nothing in this Section affects the obligation of a person referred to in subsection (2) to report information pursuant to Section 23.

Restriction on civil action

(5) No action lies against a person by reason of that person reporting information pursuant to subsection (2), unless the reporting is done falsely and maliciously.

Offence and penalty

(6) Every person who contravenes subsection (2) is guilty of an offence and upon summary conviction is liable to a fine of not more than five thousand dollars or to imprisonment for a period not exceeding one year or to both.

Limitation of period

(7) No proceedings shall be instituted pursuant to subsection (6) more than one year after the contravention occurred.

Offence and penalty

(8) Every person who falsely and maliciously reports information to an agency indicating that a child is or may be suffering or may have suffered abuse is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both.

DUTY TO REPORT THIRD PARTY ABUSE - SECTION 25

SECTION 25

Interpretation of Section

(1) In this Section, "abuse by a person other than a parent or guardian", means that a child

(a) has suffered physical harm, inflicted by a person other than a parent or guardian of the child or caused by the failure of a person other than a parent or guardian of the child to supervise and protect the child adequately;

(b) has been sexually abused by a person other than a parent or guardian or by another person where the person, not being a parent or guardian, with the care of the child knows or should know of the possibility of sexual abuse and fails to protect the child;

(c) has suffered serious emotional harm, demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour, caused by the intentional conduct of a person other than a parent or guardian.

Duty to report third-party abuse

(2) Every person who has information, whether or not it is confidential or privileged, indicating that a child is or may be suffering or may have suffered abuse by a person other than a parent or guardian shall forthwith report the information to an agency.

Offence and penalty

(3) Every person who contravenes subsection (2) is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both.

Limitation period

(4) No proceedings shall be instituted pursuant to subsection (3) more than one year after the contravention occurred.

Restriction on civil action

(5) No action lies against a person by reason of that person reporting information pursuant to subsection (2) unless the reporting of that information is done falsely and maliciously.

Offence and penalty

(6) Every person who falsely and maliciously reports information to an agency indicting that a child is or may be suffering or may have suffered abuse by a person other than a parent or guardian is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both.

APPENDIX VI

DEPARTMENT OF COMMUNITY SERVICES

FAMILY AND CHILDREN'S SERVICES DIVISION

POLICY STATEMENT

DATE: May 17, 2000 **NO:** 49

RE: **Management of Resident's Dangerous Behaviour in Facilities**

This policy replaces the Policy on the Use of Force dated September 19, 1984 and revised March 18, 1987.

PHILOSOPHY:

The Department of Community Services is committed to the provision of a safe and caring environment in which to deliver programs to children and youth. At all times, the personal dignity and rights of residents are to be paramount concerns to staff in all aspects of supervision, programming and personal care in Departmentally operated, approved, or licensed residential child-caring facilities.

PREAMBLE:

It is important that all persons accepting employment in residential child-caring facilities operated or approved/licensed by the Department of Community Services be cognizant of the following:

(a) Children in residential child-caring facilities frequently have been physically, emotionally or sexually abused and must not be subject to the same treatment while in the care of residential child-caring facilities operated or approved/licensed by the Department of Community Services.

(b) Staff in residential child-caring facilities are expected to exercise professional and appropriate interventions in line with this Policy and to utilize physical intervention or restraint only as a last resort when other, less-intrusive interventions have failed.

(c) Staff must serve as good role models by demonstrating effective, nonviolent methods of problem solving.

(d) The credibility of the care process will be undermined by the inappropriate, or excessive, or unjustified use of restraint or physical intervention by staff in residential child-caring facilities operated or approved/licensed by the Department of Community Services.

(e) The Department of Community Services maintains a zero tolerance policy regarding the use of corporal punishment or other forms of prohibited discipline as prescribed in Standards 3.4.0 and 3.4.1 of the Standards for Residential Child-Caring Facilities.

POLICY:

1. It is the policy of the Department of Community Services in facilities operated or approved/licensed by the Department, that staff are **prohibited** from using physical intervention or restraint with residents in a residential child-caring facility unless:

   (a) all other less restrictive interventions (i.e., beginning with verbal intervention) which should routinely be documented as part of the facilities' daily operating records have been tried and have not been effective in preventing or controlling a resident's aggressive, assaultive or out-of-control behaviour which has caused or is likely to cause injury to the resident, to other residents or to staff; or

   (b) other techniques are inappropriate given the nature of the situation and the danger the resident presents to themselves, other residents and/or staff, and there is a need to prevent harm and/or injury.

2. As part of the orientation program for youth entering facilities, all residents will have this Policy explained to them, as well as the reporting procedures for incidents which violate the policy. A record of this discussion will be maintained in each resident's file.

3. The Administrative Officer, or delegate, of the residential child-caring facility shall ensure that all staff (existing, new and casual) review this Policy and associated procedures relating to the management of a resident's dangerous behaviour in facilities, as a condition of employment.

   The Administrative Officer, or delegate, of the residential child-caring facility shall also ensure that every employee, as a condition of employment, signs a statement that these policies and procedures have been read, understood, and accepted. A copy of this statement shall be maintained in the employee's personnel file in the facility.

The Administrative Officer, or delegate, of the residential child-caring facility shall ensure that all staff (existing, new and casual) review this policy and the procedures on an annual basis and a record of this review, signed by the employee and their supervisor, shall be kept in the employee's personnel file in the facility.

This Policy Statement shall also be posted in a publicly accessible location within all residential child-caring facilities operated or approved/licensed by the Department of Community Services.

4. The techniques to be used pursuant to this Policy, shall be those outlined and approved by the Crisis Prevention Institute of Brookfield, Wisconsin.

5. All staff (existing, new and casual) who work directly with children in residential child-caring programs shall receive a minimum of twelve (12) hours of training in the prevention and management of assaultive behaviour during the first three (3) months of employment. This training will consist of Sections 1-X of the Nonviolent Crisis Intervention Institute model which is approved by the Crisis Prevention Institute of Brookfield, Wisconsin and must be delivered by a certified instructor. **Until the training is completed by a staff person, they are prohibited from using physical intervention with residents under this Policy.**

6. Employees successfully completing twelve (12) hours of training will be required to receive every twenty-four (24) months (or more frequently, if/when possible), six (6) hours of "refresher training" which will consist of a review of the major elements of the CPI model. The training will be conducted by a certified CPI Instructor. **Any staff member whose certification is expired is prohibited from using physical interventions with residents under this Policy.**

7. The Administrative Officer, or delegate, of the residential child-caring facility shall develop an annual plan to provide training in the CPI Intervention model in accordance with the standards outlined in this policy. The goal of training both new and existing employees is to promote uniformity and professional standards in interventions with aggressive and assaultive residents; to promote the use of least intrusive interventions; and to minimize the incidence of injury to all parties that may result from physical interventions.

8. If the need arises to physically intervene or to use restraint, the least restrictive approved technique requiring the least amount of physical intervention to deal with the incident shall be utilized and shall last only for the duration necessary for the individual to regain control of their own behaviour or to place the resident in an

approved, designated safe area where injury to self, other residents and/or staff can be minimized.

9. Under no circumstances shall physical intervention or restraint pursuant to this Policies be used as a punishment. The Department of Community Services maintains a zero tolerance regarding use of physical discipline.

10. The use of inappropriate or excessive restraint or physical intervention is a violation of this Policy and will be subject to disciplinary action in accordance with Collective Agreements or the policies/procedures of the residential child-caring facilities.

PROCEDURES:

The procedures which follow are required procedures under this Policy:

1. In all incidents, where a staff member has been required to physically intervene or to use restraint, the incident shall be documented in the shift report, as soon as practical but not later than the end of the shift. In addition, in the following situations, a detailed Incident Report is required and shall be completed by the staff member(s) involved in an incident as soon as practical, but not later than the end of the shift:

   (a) where the physical contact or restraint results in an injury or an allegation of injury or abuse (either physical or sexual) to the resident; or

   (b) where the young person or someone acting on behalf of the resident alleges that a staff member has used inappropriate or excessive physical intervention or restraint; or

   (c) where staff feels the incident or event is significant enough to warrant recording; or

   (d) when requested to do so by supervisory personnel.

   When completing the Incident Report form, staff shall outline all facts and circumstances surrounding the incident including the names of all persons who can provide information on the matter. All facts relating to the matter must be considered important and included in the report. All information that could assist in understanding the circumstances and what transpired must be identified. This Incident Report shall be signed and immediately forwarded to the Supervisor.

The Supervisor shall review the details of the Incident Report in order to make a determination as to the presence of any child protection and/or police issues. This review must be carried out as soon as possible and no longer than twenty-four (24) hours after the submission of the report. Where the Supervisor finds **any information or allegation indicating abuse or even possible abuse**, or criminal activity having occurred, the matter will be **immediately** reported to the Administrative Officer, or delegate, of the facility and a Form I - Report of Alleged Child Abuse shall be completed and signed by the Supervisor as part of the documentation. Upon receipt of the information, including a Form I - Report of Alleged Child Abuse, the Administrative Officer, or delegate, shall **immediately** contact the child protection authorities and begin following the procedures outlined in the Provincial Child Abuse Protocol for Residential Child Caring Facilities. No interviews shall be conducted with either the alleged child victim or the alleged perpetrator prior to consulting with child protection authorities in the local area where there is any information indicating abuse or even possible abuse.

Where the Administrative Officer, or delegate, has any uncertainty regarding whether the matter is reportable child abuse they shall follow the procedures in the Provincial Child Abuse Protocol in the section entitled "How to Deal with Borderline Cases", see excerpt attached. This shall include a non-identifying consultation with the local child protection agency to ascertain whether the matter is reportable child abuse under the Children and Family Services Act. Again, **before this consultation occurs, no interviews shall be conducted with either the alleged child victim or alleged perpetrator.**

Where a matter is reported to child protection and/or police, the internal review of possible violations of this policy shall only proceed in consultation with the investigating child protection and police agency. This is to ensure that internal reviews do not in any way hamper the child protection or police investigation by contaminating evidence.

Where a matter is reported to child protection and police and depending upon the outcome of their respective investigations, the staff person may be liable to criminal prosecution, entry in the Provincial Child Abuse Register or civil suits for injury as initiated by the resident or someone acting on their behalf.

2. **Any staff member who fails to carry out the procedures prescribed in procedure #1 above may be subject to disciplinary action.**

3. **Non-Child Abuse Matters: Where there is no information or allegation of abuse or possible abuse, or when a non-identifying consultation with child protection authorities indicates that the matter is not reportable child abuse, the procedures for dealing with a possible violation of this Policy should resume.** The Administrative Officer, or delegate, would now need to determine whether:

   (a) the restraint or physical intervention used in a particular incident appears reasonable, appropriate and necessary under the circumstances;

   (b) further investigation by the Administrative Officer, or delegate, as warranted or required to determine if the Policy on the Management of Resident's Dangerous Behaviour in Facilities was violated;

   (c) there are grounds for finding an employee has violated this Policy, in which case, the Supervisor, who originally reported, may recommend a disciplinary response based on the circumstances of the incident and the employees disciplinary record.

4. All reports concerning possible violations of this Policy shall be reviewed by the Supervisor of the staff person and **immediately** forwarded to the Administrative Officer, or delegate. The Administrative Officer, or delegate, shall provide a copy of all Incident Reports to the Regional Administrator responsible for the Region where the facility is located and where the facility is operated by a child welfare agency, the Executive Director of the agency. Additionally, a monthly summary of incidents, including the names of the residents and staff persons involved, the nature of the incident and the action taken will be forwarded by the Administrative Officer, or delegate, to the Director of Child Welfare by the fifth working day of the subsequent month. (A general review of incident reports will form a part of the program audit process for each facility.)

5. The Supervisor shall, as soon as possible, forward a complete report of the possible violation of the policy to the Administrative Officer, or delegate, who shall review it. If the Administrative Officer, or delegate, concurs with the supervisor's actions, findings and conclusions, they shall forward a copy of the report to the Regional Administrator for the Region where the facility is located, together with their action plan. Alternatively, the Administrative Officer, or delegate, may recommend that additional actions (e.g., interviews with other witnesses) be taken before submitting their action plan to the Regional Administrator in their Region.

6. If, following the internal review of an incident, it is found that the employee has used excessive or inappropriate restraint or physical intervention, disciplinary action and corrective measures shall be undertaken by the Administrative Officer, or delegate, in accordance with Collective Agreements and Company or Board policies/procedures. Consultation may be sought with the Regional Administrator responsible for the Region where the facility is located.

7. Following the Child Welfare and Police investigation where either was involved, the Administrative Officer, or delegate, shall meet with the employee(s) and also with the resident, to review the facts of the incident and to: **(Note: The Administrative Officer, or delegate, of the facility may seek consultation with the Regional Administrator responsible for the Region where the facility is located prior to initiating these meetings.)**

   (a) advise the staff person and the resident that, in the circumstances noted, a violation of the Policy on Management of Residents' Dangerous Behaviour in Facilities has not taken place and that no further action is required or will be taken;

   Interviews with staff are also intended to provide those who have been involved in an incident, with an opportunity to discuss the incident, i.e., precipitating events, actions taken, discuss patterns that exist or possible alternative management strategies or to discuss necessary changes for dealing with future incidents. Such interviews are not intended to be disciplinary in nature but rather to assist the staff person.

   (b) impose a disciplinary response as provided in Collective Agreements and/or Company Board policies/procedures where a violation of this Policy has occurred.

8. In all incidents involving a detailed incident report, the Administrative Officer, or delegate, shall also advise the resident's social worker, or designate in the agency, of the incident within one (1) working day and of the results of the internal review not more than one (1) working day after the completion of the review.

9. Injury to an Employee by a Resident:

   (a) If the aggressive behaviour by a resident results in an injury to a staff person, the same reporting process previously stated in this document applies. In addition, however, depending on the degree of injury, the following actions should be undertaken or considered:

(i) the employee should be seen, assessed and treated by a physician as quickly as possible;

(ii) depending on the nature and extent of the injury, whether perpetrated deliberately or inadvertently, the employee has the option of reporting the matter to the police for possible criminal charges.

(b) An employee who wishes to have critical incident debriefing will be afforded an opportunity to do so through their employer in accordance with Agency/Company policies and procedures.

Att. (Excerpt from *Provincial Child Abuse Protocol: Residential Child-Caring Facilities*)

APPENDIX VIII

SPECIAL CARE EMERGENCY

PLANNING PROGRAMME

Draft Planning Guide

Guide to Emergency Planning In Special Care Facilities

Purpose of the Guide

This Guide for Emergency Planning in Special care facilities provides the basic requirement for an emergency management program in special care facilities. The procedures illustrated in this guide can be used in other facilities as appropriate. The guide is designed to assist administrators of special care facilities who have no emergency plan or those who have an emergency plan which needs to be reviewed or updated. This document is only a general guide. The detail required in any specific facility plan will depend upon the facility's geographical location and the availability of common resources.

The news media constantly remind us of natural and man-made disasters and although we continually hope they don't strike at our door, we must be prepared to take appropriate action if an emergency does occur. These guidelines have been prepared to assist administrators with emergency planning in their facility as legislated in the Homes for Special Care Act. In addition all special care facilities seeking accreditation must develop written plans for the overall management of internal and external disasters and emergencies.

For the purpose of these guidelines an emergency management program should adhere to the following:

- All special care facilities must have an emergency plan.
- All special care facilities are encouraged to develop their plan in cooperation with the closest medical facility and the supporting municipality.
- Each special care facility administrator should develop a plan which covers four contingencies (sections): evacuation; relocation; survival/isolation and reception.
- The plan should include a visual representation of the facility and surrounding area. Additionally, it is recommended that the four contingencies of the plan be distinguished by colour coding as follows:
  - Evacuation - Red
  - Survival/Isolation - Yellow
  - Relocation - Green
  - Reception - Blue

- The plan should deal with two different phases of emergencies. The first is short-term (onset to 24 hours) and the second is long-term (more that 24 hours.

- The plan should be accessible and known to all staff. The administrator must provide staff training to ensure working knowledge of the plan by the staff.

- All units within the special care facility should have a plan which is coordinated with all other units to ensure proper execution of the plan.

- All resources and agencies outside the special care facility with involvement in the plan should have some written confirmation of the plan, e.g. a letter of agreement. These should be included in appendices along with other aspects of the plan which are subject to change. Outside agency members should be familiar with the physical characteristics of the special care facility, e.g., fire fighters, ambulance attendants, police, evacuation areas, etc.

- Each plan should include provision for communication in the event of a telephone failure.

- The plan should describe the nature of the linkage with the municipal plan and hospital plan, e.g., police, ambulance, fire, adjacent properties, etc.

- A transportable resident file system should be maintained. Methods for the preservation of essential records should also be outlined in the plan and an individual resident identification system developed which includes the name of the resident, e.g. tag, bracelet, arm band, photograph, etc.

- If possible a person should be designated to look after the transportation and preservation of records including daily log attendance.

- The transportable resident file system should include the following minimum information:

    - Name and age;
    - Medications/medical cautions;
    - Special diets;
    - Family/friend contact (name, address, telephone number, relationship)
    - Unique characteristics about the resident, if applicable i.e. physical mobility, security, language.

- The emergency plan must be tested for the purposes of compliance with Nova Scotia Regulations and also for staff training and updating as follows:
    - The overall plan should be tested within six months of development.
    - The overall plan must be tested in full and revised every three years.
    - The emergency call-out plan must be exercised at least once a year
- There should be a mechanism for reviewing the plan twice annually.

The Human Factor in Emergency Planning

Systematic research in the last few decades has brought substantial information about human and group behaviour in disasters. Perhaps the most important conclusion from research deals with the order, regularity and predictability of individual and group behaviour during disasters. Every individual and every situation is unique. Nonetheless, there are common elements. From the various research findings and observations on disaster preparedness, two important themes emerge that community emergency planning officials should note.

Firstly, studies consistently show that societal, community, and organizational emergency planning usually assumes that people will adjust to the planning. Planning is undertaken with the idea that potential or actual disaster victims will behave in the manner specified in emergency plans. It might seem logical that people should follow plans, but this assumption is usually unrealistic. Most emergency planning is done from the viewpoint and for the convenience of the agencies or organizations producing the plans. Plans typically require people to deviate from their normal, everyday behaviour. Realistic emergency planning requires plans to be adjusted to people. Effective emergency planning should incorporate normal behaviour and typical stress responses.

A second major theme from research studies suggests that it is a mistake to equate emergency planning with the production of written plans. Too often a written plan is considered the heart of emergency planning. However, written plans are only one part of successful preparation for an emergency. At times the plan itself may be the least important part of the whole planning process. Planning is a process:

- it involves thinking about possible problems;
- it involves meetings and inter-organizational contact and communications;
- it involves exercises;
- it includes assessing risks and creating linkages among relevant groups;
- it involves creating certain kinds of social climates or attitudes.

Emergency planning must be thought of as a process and not solely the production of a product — a written plan. People may be mislead into thinking they are prepared for an emergency situation because an official paper exists. Preparedness is most effective when officials view the planning activities as a continuing process. Planning (not merely plans) needs to be constantly updated and revised as circumstances change.

Any assistance provided or contributed in response to an emergency by outside resources or official groups can only be useful if it is based on a correct view of what occurs during the emergency period. If the assumption is wrong, the aid may be misdirected, unnecessary, inappropriate or may duplicate what is otherwise available.

In general, there is a strong tendency to believe that human beings and local groups do not withstand the impact of a sudden emergency very well. It is often thought that victims are overwhelmingly bewildered, stunned, resourceless, dependent, and respond by passively waiting for help and assistance. Except in truly catastrophic disasters, this is seldom the condition of survivors. Victims are not psychologically incapacitated by the shock of a disaster. They continue to struggle with conditions presented by their environment as they did before the disaster and do not need to be motivated to engage in adjustive behaviour. Research indicates that disaster victims will continue to attempt to cope with their disaster environment in the same way they did with their pre-impact environment, and they will use whatever resources are available. Even in catastrophic situations, there is not the often presumed panic and breakdown of the social order.

Section 1 - Preliminary Considerations

Overview
Evacuation
Relocation
Isolation
Reception
Emergency Food Services
Hygiene and Sanitation
General Concerns

Preliminary Considerations Overview

Disasters of any size or kind may originate internally or externally. Your emergency plan should be sufficiently flexible to adapt to any situation, but before developing a plan, consider the following . Causes for disruption to normal services may include:

- fire
- flood
- gas leak
- bomb threats
- food poisoning
- loss of communications
- loss of electrical power
- strike by staff or outside supporting agencies
- water shortage/contamination
- housing of additional people
- national emergency
- architectural damage
- air contamination
- abnormal behaviour (threatening use of guns, etc.)
- winter storm
- staffing shortage
- tornado
- hurricane
- earthquake

The type of emergency dictates the necessary response required to ensure the safety and well-being of residents. Each emergency response would affect the feeding, hygiene, sanitation and psychological disposition of staff and residents.

In the event of disruption to normal services, the facility has four options for action:

1. **Evacuation** - Conducting a partial or complete evacuation
2. **Relocation** - Moving residents to another part of the facility, to another facility or a suitable alternative.
3. **Isolation** - Implementing procedures to operate in isolation if cut off from the community or in the event of labour unrest.
4. **Reception** - Expanding services to receive residents from another facility, the community or extended care patients from a hospital.

Evacuation

Evacuation Introduction
Circumstances
Authority
Staff Responsibility
Contacting Key Staff and Outside Resources
Warning System
Method and Priority of Evacuation
Routes and Destinations
Vital Records and Identification of Residents
Internal Traffic Control
External Traffic Control
Responsibility for Outside Resources

Evacuation Introduction

In preparing the evacuation details of a plan, keep in mind that the main objective is to remove some or all of the residents from one area of the facility or completely away from the facility. Saving lives is the main goal - saving records, etc., is a secondary goal. Your local fire department can assist in preparing the evacuation section/contingency for your facility.

Circumstances

Review the most common threats to your facility and prepare a simple list of situations in which partial or total evacuation would be necessary. Post a floor plan and diagram for each unit in the facility.

Authority

The authority for ordering an evacuation must be established in advance. This authority usually rests with the senior responsible person present, but the identified authority of the facility — the senior person — may be absent without having left anyone in charge. A formal list of the hierarchy is a necessity. The telephone list should include a system by which staff are contacted in spite of unlisted numbers. Unlisted numbers should be used for emergency purposes only.

Avoid possible conflict over authority between the fire department and the senior responsible person by holding discussions with the fire department in advance. Confirm a mutually acceptable arrangement in writing.

Staff Responsibility

Facility staff should be aware of their emergency duties in advance and trained accordingly. Staff should be assigned to the functions suited to their training and normal duty. Responsibility should be designated by position title, not an individual's name, to ensure continuous coverage. Ongoing emergency training is necessary for all staff and should be part of the orientation program for new employees.

Contacting Key Staff and Outside Resources

At the time of an emergency, key staff may not be on duty. An effective communication system is needed so they can be contacted and return quickly. Keep telephone lists up-to-date. Establish an alternate call-back system. Back-up systems for call-back messages could be arranged through radio or TV stations. Where necessary, runners could be employed. Whatever system is utilized, it will be effective only if staff are aware of what is expected when they are called back

Warning System

The key link between outside authorities, staff and residents is the warning system for evacuation or any essential operation. A sound system with bell, siren or pre-recorded message is the usual method but residents suffering from loss of hearing may require additional alerting procedures. The warning must be understood by all in the facility, including visitors. Signs should explain the warning and all-clear systems. Ongoing emergency training on warning systems is necessary for all staff and should be part of the orientation program.

Vital Records and Identification of Residents

Continuity of services in an emergency may depend on the safeguarding of records which would be difficult, if not impossible, to replace. Accounting, legal and technical advisers may need to be consulted as to which records require protection.
The Administrator should personally identify vital records. These may include special records necessary to continue operations or re-establish basic rights, i.e., records of residents, personnel files, or fiscal accounts.

If the entire file system is maintained on a portable rack, it can be wheeled out with other documents identified by the name of the facility. One staff member, designated by position title rather than by name, should be responsible for the removal of vital records. Administrative staff must keep the list of residents up-to-date and available to accompany those evacuated or moved to a shelter. A cardex system on each floor is easily transportable.

In an emergency situation, identification of residents is important. A data card fastened securely to an adult resident can provide essential information, i.e., name, social insurance number, next of kin, address and essential personal medicines such as insulin, anticoagulants, digitalis, cortisone and tranquillizers, including the prescribed dosage, time to be given, and dates. Emergency medication with essential information should be prepared and ready to move at times. One staff member, designated by position title rather than by name, should be responsible for the removal of medication.

In the event of an evacuation, each person should wear or carry the following identification:

- clothing labelled with name and address;
- a wallet card with name and address, and names of relatives or close friends;
- an identification tag or band with the above information; and
- a photo noting on the back any identifying body marks.

Following evacuation, many residents will want their next of kin notified as soon as possible. The manner in which the facility undertakes responsibility for the safety of its records and ensuring identification of residents reflects the value placed on the social, moral and legal commitment made to residents, their families and the community.

Method and Priority of Evacuation

A safe and effective evacuation requires advance study of the population and the building to determine specific capabilities of the residents and problems related to the building and grounds.

- Does the width of hallways and doorways present a problem?
- In a multi-floor facility are all residents sufficiently mobile for evacuation through hallways and stairwells?
- Mobile residents are usually evacuated before the other residents.

The type of assistance required by each resident should be established in advance in order that proper assistance is always available. This information should be included in the plan.

Routes and Destinations

The establishment of evacuation routes to ensure that passage ways and doorways will be free of congestion is extremely important. Residents can be divided into groups with alternate routes established for each group. For partial evacuation, set aside an inside area for residents to congregate. For total evacuation, set aside an area outside. All staff and residents should be aware of these routes and destinations.

Internal Traffic Control

Potential bottlenecks and dangerous areas are common in most buildings. These should be controlled by assigning staff to ensure that all residents evacuate, traffic moves smoothly, and no one returns unless instructed by properly identified fire, rescue and other personnel. It is essential that all staff, regardless of position, are trained to obey fellow staff members who are clearly identified as emergency traffic control enforcers in an emergency situation.

External Traffic Control

Emergency situations may create external traffic control problems. Staff will be trying to get to the facility, residents may be leaving for relocation, and a curious public will want to find out or see what is happening. Traffic control staff must ensure that only authorized persons can get to or from the facility. Parking areas, driveways and streets or roads leading to the facility must be controlled to handle the extra traffic. This is a normal police function but it is important that "fire route" traffic regulations and authorized parking rules are rigidly enforced at all times so there will be clear access for emergency vehicles travelling to and from the facility. Police, if approached during the planning process, will normally agree to provide external traffic control if their resources permit.

Responsibility of Outside Resources

In most cases, the role and line of authority of outside resources required for the emergency, fire, rescue, ambulance, police, etc., will be properly defined, and while their specialized role will be easily identified, it should be covered in writing and in detail in the plan. More difficult to identify and define may be the roles of volunteer groups and very often these groups will require specialized training.

Relocation

Relocation Introduction
Contacting Key Staff and Outside Resources
Staff Responsibility During Emergency
Essential Material
Temporary Discharge
Food Services
Relocation Area
Transportation

Relocation Introduction

When part or all of your building becomes or will become unsafe, relocation will be necessary. If relocation affects only one portion of the building other parts may become the reception area. If all residents are to be relocated, an alternate facility will be necessary. Time also affects relocation. The emergency may be long term or it may be a temporary disturbance lasting less than 12 hours. If the building is totally destroyed, a need for a permanent relocation area arises. Carefully consider each of these circumstances when preparing your relocation plan.

Contacting Key Staff and Outside Resources

The authority for ordering partial or total evacuation should be identified. Ordinarily, the authority rests with the senior responsible person present. Avoid possible conflict over authority between the fire department and facility staff by holding discussions with the fire department in advance. Confirm a mutually acceptable arrangement in writing.

Staff Responsibility During Emergency

During Relocation

A list of staff members accompanying residents should be prepared and other duties assigned to the remaining staff.

At Relocation Site

Facility staff may have different functions or may perform usual duties in a different manner at a relocation site. The changes in operations should be reviewed and included in the plan.

Essential Material

For Transfer

A list of vital items such as records, medical supplies, food, clothing, etc., should be prepared according to priority and a plan established to move the materials to the new location. This example might be followed:

At Reception Area

Determine the requirements for continuous operation at the relocation site. Compare the requirements with what is already available at the site and what you can supply. Arrangements should be made to compensate for the difference.

Temporary Discharge

When relocation is necessary, relocation sites may be restrictive in the services that they are able to provide and the number of persons that can be accommodated. As an alternate measure, certain residents could be temporarily discharged into the care of relatives, friends or foster homes. These alternatives can be planned for by maintaining close contact with relatives and friends. A relevant clause which covers these possibilities could be included in the admission criteria. The duty official who can authorize temporary discharge must be clearly stated by position title rather than by name.

Food Service

Ideally, this responsibility should be assigned to the Director of Food Services.

Relocation Area

Within the Facility

When selecting a relocation area in a large facility, also consider and plan for one or two alternate sites. The number of people alternative sites could accommodate should be noted. Quick reference diagrams should be prepared.

Outside the Facility

Internal relocation may not be possible. If you are faced with the necessity of selecting and designating outside locations for total relocation, keep in mind the needs of residents. Consider facilities that are similar to your own. One or two alternatives should be selected and diagrams prepared indicating the proposed space. Prior arrangements must be made to ensure the alternate space is available. The building should not already be committed for emergency use.

Transportation

A study should be made to determine all available suitable transportation. In most circumstances, vehicles necessary for personnel and material will not be immediately available. Your emergency plan documents can include information on pre-arranged agreements for the vehicles. Availability, source, pertinent circumstances, authority, and contact points should be noted. Usually the facility administration will establish only the type and number or required vehicles and the Municipal Emergency Measures Organization will ensure availability. The facility would take over this responsibility if a Municipal organization does not exist.

Isolation

Isolation Introduction
Authority
Stockpile Rotation
Shelter
Staff Requirement and Role
Communication System

Isolation Introduction

A survival plan would be required if the facility became isolated from the community due to flood, fires, snow storm, strike, power failure, etc. Assess your geographical location in advance to establish circumstances applicable to your situation in the face of these threats.

Authority

Overall authority will be with the Administrator or the Board of Directors. This should be part of any discussion with the Municipal Emergency Measures Organization.

Stockpile Rotation

Determine the length of time normal stocks should last. Establish maximum time supplies would last if it became necessary to ration them. Set up a rotation system for perishable items. Arrange for emergency sources of water, electrical power, heat, and alternative cooking and refrigeration facilities.

Shelter

Determine the most heat efficient area in the building. Identify a source of extra blankets to be used in the event of loss of heat to the facility. Examine emergency needs required to keep the facility operational in the event of labour unrest. This should include, meals, laundry, housekeeping, maintenance, etc.

Staff Requirements and Role

Minimum staff requirements must be established. Due to shift work some personnel could be absent and unable to return, so remaining staff duties would change. Assistance of some residents may be required, but this should be prearranged and carefully examined.

Communication System

Arrangements should be made for radio back-up if the telephone fails. Explore other alternatives.

Reception

Reception Introduction
Authority
Temporary Discharge and Maximum Potential
Role of Staff
Human Resources
Identification of Records
Material Requirements

Reception Introduction

In the same manner your facility made outside relocation arrangements, other facilities may wish to use your building. Use of your building as a relocation site by other facilities should be based on planned arrangements, although the plan should be sufficiently flexible to allow for unexpected circumstances.

Authority

The overall authority for operations must be clearly established before receiving staff and residents from another facility, including the role of the other facilities director. Two chief authorities cannot control the same facility.

Temporary Discharge and Maximum Potential

Based on the occupancy rate, space and possible temporary discharge, establish the maximum number of new residents who can be received under various conditions. In determining this number, consider other subjects in this section.

Role of Staff

In defining the structure of authority, the roles of the facility staff, incoming staff and volunteers must be reviewed. Specify who should be doing what, and under whose supervision.

Human Resources

Planning will reveal the approximate number of available staff from within the relocation facility who are available to assist. If further professional and other personnel are required, document the need in the plan.

Identification of Records

Proper identification will simplify operations during an increase in population of residents and staff. Staff and residents probably carry identification on an on-going basis. This can be continued during the crisis, but a similar system may have to be established for new arrivals. If records accompany new residents, they should be kept separately. The increase in residents may make it impossible to maintain detailed records, and guidelines should be established as to the minimum amount of information required for the records during an emergency.

Material Requirements

When the number of extra residents your facility can accommodate has been established, a list of required materials should be prepared. This includes food, bedding, clothing, medical supplies, etc. If these materials are not on hand or readily available, other sources or supply should be arranged.

Emergency Food Service

Emergency Food Service Introduction
Continuous Food Service
Menu Planning
Emergency Foods
Therapeutic and Modified Diets
Food and Water Priorities
Standard Infant Formula Preparation
Simplified Food Service
Dishes and Utensils
Supplies and Equipment
Disrupted Utilities
Sanitation Procedures
Personnel Assignments
Evacuation/Relocation Food Service
Isolation food Service

Emergency Food Service Introduction

Emergency Food Service Plans for all possible contingencies, i.e., reception, evacuation, relocation or isolation must be developed and coordinated with the facility's overall emergency plan. The food service Director should be responsible for developing the plan for the food service department in collaboration with the facility's Emergency Planning Committee.

Emergency feeding problems could arise in a facility as a result of:

- increased numbers;
- special groups (i.e., infants, casualties, etc.);
- uncertainty of limited food supplies;
- disrupted public utilities (i.e., water supply, cooking facilities, etc.);
- scarcity of equipment;
- scarcity of staff(labour unrest, winter storm).

Continuous Food Service

Establish procedures for a 24-hour operation in food service. Feeding of increased numbers may not present major problems as kitchen and dining areas are not normally used continuously. The introduction of staggered meal hours and the use of additional volunteers may make it feasible to convert the normal food service into an around-the-clock operation.

An additional snack bar for volunteers may be all that is necessary in some instances. However, during the immediate emergency period regular facilities to feed staff and residents may be unavailable, so an alternate food service location must be planned. Possibilities are an auditorium, staff quarters or dining rooms. Advance planning would require decisions concerning:

- the floor plan and layout of the temporary improvised food service, including the location of the serving counter and dining area, entrances, exits and traffic flow;
- the method of transporting food to the area;
- the list of equipment, supplies and required staff; and the method of serving

On choosing a site for improvised food service, use an auxiliary power source if possible. (Some areas may be serviced by an auxiliary diesel system for periods of power failure. Propane appliances may be available). Some method of heating water is necessary to make use of emergency supplies, i.e., instant beverages, soups, rice, macaroni, spaghetti, etc.

Menu Planning

Prepare an emergency menu pattern. "Emergency Feeding" published by Health and Welfare Canada, and available through the Nova Scotia Emergency Measures Organization, is a useful reference for menu planning under austere conditions.

Emergency Food

Maintain appropriate foods for an emergency. Emergency foods should be chosen on the basis of their keeping qualities, ease of preparation and serving, and palatability when eaten cold. Suggestions are:

- canned meats, fish and one-dish meals;
- canned juices, fruits and vegetables;
- biscuits;
- jams and other spreads;
- processed milk (evaporated and canned);
- soup bases;
- ready-to-eat cereals;
- products such as rice, macaroni, spaghetti;
- instant pudding mixes;
- instant beverages;

- sugar; and
- other "convenience" foods normally kept in stock by the facility.

The availability of safe water must be considered when planning the use of these items.

Therapeutic and Modified Diets

A policy concerning the minimum types of therapeutic and modified diets to be continued under austere conditions should be established in collaboration with the facility's medical staff. Containers of chopped baby foods and nutritional supplements should be kept on hand in consideration of the probable lack of equipment during an emergency.

Certain therapeutic diets such as diabetic and allergy diets would need to be closely monitored in an emergency. It would be necessary to modify the consistencies of foods for certain groups, e.g., infants, some elderly, and the developmentally handicapped who are subject to choking, etc.

Food and Water Priorities

If food supplies are restricted or delivery systems disrupted, establishing priority for some food items will have to be considered. The following items are most important:

- milk for infants on standard formulas and for nursing mothers;
- pre-cooked cereals for young children;
- fluids and protein foods for casualties and those on modified diets.

Standard Infant Formula Preparation

Establish procedures for standard infant formula preparation. Infant feeding may have to be limited to standard formulas in some emergency situations. They are suitable for most healthy infants. Since formula preparation requires trained workers and careful supervision, the recommendation is that staff who regularly carry out this operation continue to do so.

Simplified Food Service

Plan a simplified food service. Many procedures related to food service can be streamlined for efficiency and speed in an emergency. Suggestions for food service for patients and residents include the following.

- As far as possible, retain the same general type of food service as is normal, but remember that emergency situations call for food service to remain flexible. If residents who are usually waited on are mobile, cafeteria service should be considered.
- Tray service can be simplified by eliminating tray covers, using a minimum of dishes and eating utensils, or using those that are disposable.
- Use a simple identification system for modified diets.
- Plan a method of bulk or tray delivery in case of breakdown of elevators and conveyor belts. Caution must be exercised in using employees from other departments. Although they are familiar with the facility, there would be concerns about sanitation and hygiene if their services were utilized.

Suggestions for service for staff and volunteers include the following.

- If not already in operation, change to cafeteria service.
- As necessary, arrange for more than one serving line.
- Streamline the serving counter(s).
- Indicate traffic flow, soiled dishes, and trash disposal areas with large signs.

Dishes and Utensils

A continuing inventory of disposable items sufficient for at least three or four meals is recommended. Existing supplies of dishes and eating utensils can be extended by:

- using all sizes of plates and bowls for one-dish emergency meals;
- providing only one eating utensil per meal; and
- supplementing regular washing facilities by organizing manual dishwashing areas.

Supplies and Equipment

Develop procedures for acquiring emergency supplies and equipment. Some suppliers will still be in existence in many peacetime emergency situations within the general area, so extra supplies can usually be obtained through normal channels. Additional equipment can often be rented, loaned or donated for a short term.

Disrupted Utilities

Make alternative arrangements in the event current utilities are unusable. If the kitchen is damaged but the rest of the building left intact, feeding establishments in the community such as restaurants and hotels can prepare and deliver meals. This system can also be used if the operation of utilities is disrupted in one section of a community but left intact elsewhere. Steam kettles or other large containers can be receptacles for water and food brought into the facility.

Improvised outdoor cooking may have to be organized in widespread disasters where supplies of fuel might be unavailable due to destruction or breakdown in transportation. Simple equipment could be set up on the facility's grounds for preparation of soups and/or hot beverages to accompany cold meals. Hot one-dish meals could be prepared if sufficient cooking units were constructed.

Sanitation Procedures

In time of stress and confusion, the highest standards of sanitation must be established and enforced. To ensure food safety and prevent outbreaks of food-borne infections, consider:

- the availability of safe water including the establishment of procedures for treating water to make it safe for human consumption. (staff training in the procedures may be necessary);
- safe food storage where refrigeration facilities are nonexistent;
- maintenance of good personal hygiene among food workers;
- protection of food from bacterial contamination during preparation;
- provision of effective manual dishwashing facilities if mechanical methods are inoperative;
- sanitary disposal of waste if normal facilities are lacking;

- good housekeeping practices; and
- pest control.

Personnel Assignments

Overall personnel policies would be determined by the individual facility. The following are suggestions relating to food services workers.

- Put all staff on call and cancel all days off.
- Retain staff who are on duty at the time of the emergency.
- Reschedule staff, using regular employees who are familiar with facility procedures.
- Use volunteer help for routine jobs in order to release regular employees for more essential duties.
- Provide emergency passes for personnel.

Evacuation/Relocation of Food Service

Time may not permit any substantial salvage of food stocks if it is necessary to evacuate the facility, but plans should be made for the evacuation trip. Have these water and food supplies available:

- one quart of liquid per person (water in unbreakable containers, cans of juice and/or soft drinks);
- packaged carbohydrate foods (crackers, biscuits, hard candy);
- Canned milk, formula bottles, nipples, caps (as required for infant population);
- Can openers; and
- disposable cups.

Establish procedures and designate staff to maintain supplies in readiness and to assemble them for transport at the time of evacuation. Transport requirements should be coordinated with the community for the overall transport arrangements for evacuation of the facility.

Isolation Food Service

If it becomes necessary for the facility to operate in isolation or survive in a national emergency, special planning for basic food is necessary. Determine quantities of water, food and essential equipment required for the anticipated number of people for the anticipated time in isolation. Consider the following suggestions:

Water Supply

- Keep large, clean, covered water containers ready for filling, or keep them filled and change the water monthly;
- Plan to use water in the storage tanks and the facility's piping system.

Food Supply

- Rotate and replace food regularly.
- Select canned and packaged items that:
    - have good keeping qualities when unrefrigerated;
    - are palatable when eaten from the can or package without further preparation of heating;
    - are easily served and distributed food; and
    - produce a minimum of trash volume.

Equipment

- Plan to use basic equipment obtainable within the facility.
- If possible, arrange for hot water heating equipment (i.e., a beverage urn, or electrical hot plates and containers).

Hygiene and Sanitation

Hygiene and Sanitation Introduction
Space and Space Allocation
Sanitary Facilities
Water Requirements
Ventilation

Heating and Lighting
Dust Control
Garbage Disposal
Washing Facilities
Kitchens
Medical Centre

Hygiene and Sanitation Introduction

Problems can arise if an emergency leads to disruption of essential services such as sewage disposal or garbage removal or the expanded use of facilities to accommodate addition numbers. Take steps to reduce the spread of communicable diseases wherever possible.

Space and Space Allocation

The basic planning index for space allocation relates to the linear footage of total available space. Every effort should be made to maintain a distance of six (6) feet between beds, bunks or sleeping bags (centre to centre). Evidence shows this spacing considerably reduces the spread of respiratory infections. Every effort should also be made to keep this standard, especially where there is pressure on the use of space. An alternative may be to position beds from head to tail in order to maintain this distance. Of lesser importance is the floor area of sleeping space. Suggested minimum spacing for adults is 40 square feet of floor area. The minimum for children is 30 square feet of flood area.

Sanitary Facilities

The number of fixed toilets already present in most facilities would presumably become inadequate for an increased population. Provision must be made for septic tanks and emergency washing facilities. The tanks should be at least 50 feet from the building.

The suggested ratio of sanitary facilities to occupants (per 100 persons) is a minimum of two toilets per 20 per 100 persons. (The recommended number of toilets and wash basins for Homes for the Aged is one for every five residents). Separate facilities for both sexes, suitably screened for privacy, should be provided.

If ordinary basins are used, a minimum of one washbasin per 10 persons should be provided. Presumably occupants will have their own soap and towels. If not, liquid soap and paper towels will be required. Occupants should keep their own cake of soap. Common use of cake soap increases the risk of contagious skin diseases. In an emergency the facility should have a supply of disposable items, i.e., soap, paper towels, wash cloths, etc.

Water Requirements

A facility's water supply for all uses (drinking, washing, food preparation), should be 10 gallons per person per day. The absolute minimum is two gallons. Under normal conditions, the average city household uses 50 gallons per person per day, e.g., a bath requires up to 30 gallons. Showers will be more effective in reducing water consumption provided the usage is controlled.

Ventilation

Many large buildings have special means of ventilation. Six hundred cubic feet of space per person is preferable in a sleeping area but this may be reduced without danger if the ventilation is supervised. If opening windows is the only means of ventilation, constant draughts should be avoided. Fifteen to 20 cubic feet of fresh air per minute per person is recommended.

Heating and Lighting

Most facilities have some form of heating. However, if temporary stoves are used, fire officials or the Provincial Fire Marshal's Office should be consulted on possible dangers relating to fires and carbon monoxide hazards. In an emergency, normal lighting standards may be disregarded, but adequate lighting of stairs and passages is important to reduce risk of accidents.

Dust Control

All floors should be swept daily with a damp sweeping compound. No dry sweeping should be allowed. Bed forms, ledges and flat surfaces should be damp dusted daily. Blankets and sleeping bags should be shaken outside once daily and rolled. Concrete floors should be scrubbed each day with warm, soapy water.

Garbage Disposal

Garbage must be removed daily.

Establish recommended procedures to eliminate food odours and reduce the accumulation of garbage and rubbish.

Use large covered garbage containers and/or large plastic bags with ties. If a garbage can is used, line it with a plastic bag.

When the bag is filled, tie it securely and remove it from the facility. If bags are not available keep garbage cans covered at all times.

Keep liquid waste covered and move it as far from the occupied space as possible.

Open and flatten cardboard cases and use them on the floor as required for insulation.

Washing Facilities

After provision of shelter and food, most important is the maintenance of the highest standard of personal hygiene. In most instances there will be limited facilities for personal bathing and the washing of clothes, but good personal hygiene will reduce many minor illnesses and contagious skin diseases and will keep morale high. Hand-washing after the use of toilets is imperative to reduce the spread of enteric infections. Simple tip-buckets may be used in dry latrines for hand washing.

Kitchens

Food preparation must be closely supervised to ensure the highest standards since it is affected by the personal hygiene of the kitchen staff. Ideally, manual dishwashing should be carried put in three containers — one for each washing, rinsing and sterilizing. Under emergency conditions with restricted water, the use of two or even one container may be necessary. The use of disposable utensils and dishes is preferable to using one or even two containers for dishwashing.

Medical Centre

With an increase in resident numbers it may be necessary to establish a different routine. Daily sick calls and/or a medical centre may be required. The need for additional medical resources (doctors, drugs, etc.) should be considered. Particular attention must be given to the segregation of residents who have contagious or infectious diseases. Joint planning with local community agencies, local home care and hospitals is recommended.

General Concerns

Providing Information to the Public
Dealing with Surplus Material and Human Resources

Providing Information to the Public

Most disasters will place a demand on the facility to provide public information. The demand will come from the news media wanting full coverage of the situation, as well as from family and friends inquiring about the well-being and security of residents and personnel.

A central location and a single staff person should be allocated to provide or coordinate such information, and the public should be made aware of the name of this person.

With proper planning, the media will usually cooperate to your advantage. A media room should be made available with telephones, tables, chairs, local telephone books, note pads, and pencils. As soon as available, all confirmed information should be passed on to the media. Ensure that details are factual and as complete as possible. Only one staff person should be authorized to release public information.

Dealing with Surplus Material and Human Resources

Experience shows that in most disasters there is a surplus of material or zealous people or both. Not properly controlled, a surplus could add to the initial problem. The media can assist in controlling surplus material by informing the public whether resources are required or not. Ensure that requests for aid are very specific and include a delivery point. Remember that once a request has been issued to the public, it may be difficult to stop the influx of materials and aid.

Under all circumstances, a receiving area needs to be available for material. You may receive material even if it has not been requested.

All volunteers should be directed to a central point to be interviewed and issued with ID and instructions. If their assistance is not required at the time, they should be so informed but a record may be kept establishing a pool for later use, if required.

Section 2 - The Planning Process

Overview
Writing the Plan
Testing the Plan
Planning Process Overview

Overview

What steps must be taken to conduct an orderly and efficient evacuation or relocation of residents? How does the facility cope if it is isolated from the community? What preparation is required to receive residents from another facility? Without advance planning, emergency situations cannot be dealt with competently. Planning will help to ensure that residents and staff are not put in jeopardy. Planning is a process involving three stages - pre-planning, writing the plan and testing the plan. Each of these stages is detailed in this section.

Establishing an Emergency Planning Committee

Prior to developing an emergency plan, a planning committee should be established with section or department heads as members. Once the internal emergency planning structure is set up it is imperative to consider the external planning structure. If the municipality has an Emergency Planning authority, it should represent all outside municipal resources in the pre-planning stages. If no such authority exists, outside resources should be contacted individually to meet and determine what emergency service they could provide. These may include fire, police, directors of other facilities, the Red Cross, St. John Ambulance, hospitals, volunteer groups, etc.

Checklist for Emergency Planning

Appendix 1, a checklist developed to assist planners in the formulation of their plans, contains questions to provide a good beginning in identifying the important points to be covered in pre-planning.

Writing the Plan

Points for Consideration
Structure of the Plan
Distribution of the Plan
Establishing an Emergency Planning Committee
Checklist for Emergency Planning

Points for Consideration

Writing the plan may be accomplished in many ways, however, the guidelines below should be followed.

- Keep it simple.
- The plan is simply a recast of the information and decisions made in the appreciation so it should contain no new material.
- If the plan fails to meet the requirements of all possible situations, it would be wise to do several appreciations and prepare a set of contingency plans, i.e., one plan to meet each anticipated event
- The plan is a series of directives that will tell what will be done, when it will be done, and by whom it will be done.
- The basic part of the plan should contain those points which will remain constant. Those items which will change or require updating should be included in an appendix.

Structure of the Plan

Appendix 2 is a sample emergency plan which can be used as a guide to formulate a written plan. The format and headings are only suggestions and may be too brief or too detailed to meet individual organizational requirements, but it is important to ensure the introductory part of the plan is clear and concise with specific details in an appendix.

In summary the written plan should include:

Name	to distinguish one plan from another
Purpose	the aim of the plan
Objectives	the objectives of the plan
Glossary of Terms	definitions of technical or administrative terms used in the plan
Authority	legislative or other
Planning assumptions	related to the preparation or operation of the plan

Organization and Line of Authority	organization charts, responsibilities, etc.
Implementation of the Plan	specific details on when the plan is to be implemented and by whom
Alerting Procedures	the alert organization and fan-out or recall procedures
Resources	specific details relating to resources and their availability, i.e., communications, vehicles, list of available materials, maps, sources of extra supplies, support agencies - police, fire, St. John Ambulance, Red Cross, Etc.
Concept of Operations	specific details relating to the types of operations - evacuation, relocation, designated personnel to fulfil operational responsibilities, designated coordinator of activities, etc.
Training	specific details relating to who is responsible for training, when it will be conducted, etc.
Testing the Plan	an outline of who is responsible for testing the plan, how often, and to what degree, full, partial, etc.
Reviewing and Updating	an outline of methods for reviewing and updating the plan
Distribution of the Plan	

The only way the plan can be effective is to ensure its contents are known to all who will be involved in its execution.

Testing the Plan

Testing the Plan Introduction
Purposes of Exercises
Types of Exercises
Preparing for the Exercise (Phase I)
Recording the Exercise (Phase II)
Analysing the Exercise (Phase III)

Testing the Plan Introduction

Testing the plan is an integral part of the planning process. The aim is to prepare people to react promptly and efficiently, to obtain the maximum use of material resources and to minimize the effects of emergencies on people and property. The only way to achieve this aim is to conduct practical training exercises.

Purposes of Exercises

An exercise is nothing more than a training vehicle used to ensure that people are able to respond to any emergency. All procedures should be adequately rehearsed.

Exercises are held to:

- test efficiency;
- provide training;
- try out and confirm techniques;
- check on status of personnel and material resources;
- practise inter-organization cooperation; and
- practise cooperation with other emergency support services.

Types of Exercises

Once smaller individual exercises have been conducted, the final phase should be a full scale exercise. A suggested sequence for exercises follows.

Telephone Exercise - This is a testing of the emergency recall or fan-out system by telephone, without anyone physically responding to the designated emergency post. An individual's sole requirement is to note the telephone times — the time the alerting call was received and the time the recipient made his/her call to continue the fan-out system. On completion, all times are given to the coordinator to identify and to correct any problems.

Alerting Exercise Without Telephone - This tests the alternate alerting fan-out system, in the event of a telephone breakdown.

Individual Exercise - This is used by individual emergency response elements to test their own procedures.

Dual Exercises - This could be used to simultaneously test response procedures to two emergency elements.

Full Scale Exercise - This is used to test the complete plan by exercising all emergency response elements. Use of students/service organizations/drama clubs, etc. to adopt the role of residents is an excellent method to simulate the evacuation of the facility.

Table Top Exercise - This is a paper exercise with an actual written scenario and exercise inputs developed to simulate actual incidents or movement of residents.

Regardless of the type or size of the exercise, it is essential to prepare for the exercise, to record the action, and to analyse the results and take corrective action where necessary. All are equally important, although analysing the exercise determines the plan's effectiveness.

Phase I - Preparing the Exercise

This phase deals with the mechanics of conducting an exercise .(see also part 10 - A of this manual for additional detailed guidelines)

On deciding to hold an exercise, a planning meeting should be called with senior representatives or deputies of organizations or agencies who will be involved. Participants should have authority to commit their organization's services if and when required.

The purpose of the planning meeting is to:

- Appoint an exercise director with responsibility for coordinating all exercise activities;
- appoint a staff person to assist the exercise director;
- decide on the aim and scope of the exercise;
- select an exercise name;
- decide administrative matters, such as the date and duration of the exercise, the time of day to be conducted, etc.;
- decide the degree of participation for each organization; and
- decide the levels of control to be exercised.

When discussing the aim of the exercise, the planning committee must keep in mind the purpose for conducting the exercise in order to avoid a multiplicity of aims which will prevent any useful conclusions being obtained from the exercise.

When deciding on the scope of the exercise, the planning committee should take great care to ensure the exercise is not beyond the capabilities of the exercise control staff, i.e., the exercise director and staff person. This is very important since the control staff will ultimately be responsible for coordinating all exercise activities. Governing factors in deciding the scope of the exercise include the organization's limitations, limitations on the improvisation of realistic situations and weather conditions.

The planning meeting should be followed fairly closely by a preliminary meeting of the exercise control staff. The meeting should cover all aspects of the exercise. It is suggested that the exercise control staff perform the actions detailed below.

- Compile an exercise scenario to include:
    - the selection of an exercise name (if not previously chosen by the planning committee);
    - a sequence of events;
    - input times (if inputs are used); and
    - designation of people to initiate inputs.
- Select a date and time for the exercise control staff to survey the proposed area where the exercise will take place.
- Prepare exercise inputs with the emphasis on realism.
- Select evaluators and observers
- Compile a standard report or evaluation format for use by the exercise officials.
- Select a method of exercise identification for exercise control staff, evaluators, and observers.
- Prepare a list of personnel and material resources required.
- Select people to prepare the accident scene by positioning casualties.
- Select casualty holding area for the purpose of preparing simulated casualties, briefing casualties, feeding, etc.
- Prepare a list of individuals/organizations who are not included in the exercise but are required in a support role and individuals who won't be participating but should be informed about the exercise.

- Compile a list of post-exercise details to include:
    - cleanup crews;
    - date/time for exercise debriefing;
    - a list of people required to attend the debrief; and
    - a list of people required to submit post exercise reports.

The initial exercise control staff meeting should be followed by as many others as are required to ensure every exercise detailed has been considered. When the final exercise draft has been completed, it will be necessary to record the exercise.

Phase II - Recording the Exercise

Brief all the exercise control staff on:

- responsibilities;
- exercise assignments;
- conduct during the exercise;
- distribution of exercise documents;
- the communications systems to be used by officials during the exercise;
- the actions to be taken if unforeseen circumstances occur during the exercise;
- the termination of the exercise, i.e., notification, signal, etc.; and
- post-exercise requirements.

If you feel it necessary conduct a complete exercise rehearsal with exercise control officials to ensure they are familiar with the exercise scenario, their assigned duties and physical arrangements at the scene of the incident. **Attention to detail in the preparation of an exercise cannot be overemphasized: it is paramount.**

Phase III - Analysing the Exercise

The third phase is most crucial. Its results will indicate whether the plan has to be revised, rewritten, or if further training or exercising is required. For this phase to be valuable it is important to provide sufficient documentation in the emergency plan so that all participating personnel know what is required of them.

The following is a list of suggestions for obtaining the best results from the analysis.

- Designate the exercise director with responsibility for completing this phase.
- Write reports on the exercise, keeping in mind that the report should:
  - be prepared by all parties designated in the exercise preparation phase;
  - be completed and forwarded to the exercise director within a designated time;
  - use a standard format; and
  - be prepared in a critical but constructive manner.
- Within a limited time following the exercise, conduct a post exercise meeting to:
  - conduct a paper walk-through of the exercise, if required
  - discuss reports;
  - recommend administrative and other action from lessons learned; and
  - establish a date for the next exercise.
- Establish a documentation file to include all exercise data including:
  - correspondence on meetings;
  - exercise directives and the scenario; and
  - post exercise reports and recommendations.
- Prepare a final exercise report stressing the lessons learned, and distribute to all interested parties within and outside the community.

Appendix 1

Checklist for Emergency Planning in Special care facilities

	YES	NO
1. Does the organization have an emergency plan?		
2. Has an emergency planning committee been appointed for the organization?		
3. Have appropriate portions of the organization's emergency plan been officially incorporated into the community emergency plan?		

General Provisions

1. Does the plan take into account all factors that could place the facility in an emergency situation?

	YES	NO
- fire		
- flood		
- riots		
- gas leak		
- power outage		
- food poisoning		
- labour unrest (strike)		
- loss of communications		
- water shortage/contamination		
- housing of additional people		
- strike by outside supporting agencies		
- national emergency		
- psychotic aggressive behavious		
- winter storm staffing problem		
- tornado		
- hurricane		
- earthquake		

	YES	NO
2. Does the plan take into account required procedures for the evacuation, relocation and isolation of residents or the reception of persons from another facility?	___	___
3. Does the plan meet requirements imposed by its geographical location?	___	___

Organization for Emergency Operations

1. Does the emergency organization include lines of authority and responsibility, and indicate to whom the responsibility should pass if someone is not available?	___	___
2. Are all key personnel included in the plan?	___	___
3. Does each operating department have a specific emergency operations plan that covers each phase of these basic provisions?		
- Evacuation	___	___
- Relocation	___	___
- Isolation	___	___
- Reception	___	___
4. Is a medical doctor designated and readily available?	___	___
Are alternates equally available?	___	___
5. Is the plan for each department individually published, in the hands of each responsible department head, and known to all personnel of each specific department?	___	___
6. Is a description of who is responsible for key tasks available within each department?	___	___
7. Is the organization for evening, night, weekend and holiday routines established so that the emergency plan may be activated in those times		

	YES	NO
as promptly as during day shifts of the normal work week?		
8. Have evening and night personnel been included in the formulation of plans for emergency operations?		
9. Have these services been provided and responsible personnel appointed for:		
- Administrative Services?		
- Records?		
- Information and Communications?		
- Social Services?		
- Pastoral Care?		
- Food Services?		
- Engineering and Maintenance Services?		
- Transportation?		
- Supply?		
- Safeguarding Personal Effects?		
- Housekeeping?		

Headquarters for Emergency Operations

	YES	NO
1. Is a designated area established for headquarters' operations?		

Alerting

	YES	NO
1. Does the plan provide for prompt activation of the facility to emergency status upon the occurrence of an emergency?		
2. Is either the administrator or his/her representative on duty or immediately available by telephone at all times?		
3. Is there an organized procedure for reporting internal emergencies?		

	YES	NO
4. Is there a procedure for alerting the facility switchboard?	___	___
5. Is it tied in with community emergency communications?	___	___
6. Does the facility have a radio system to substitute for the usual telephone service?	___	___
7. Does the switchboard maintain a roster of those to be immediately alerted in emergency circumstances?	___	___
8. Does each department have a fan-out system for contacting responsible individuals or alternates in response to an emergency? (Under this type system, everyone has a responsiblity for contacting the next person down the line.)	___	___

Activation of the Plan

	YES	NO
1. Does the plan specify that the first administrative person notified consult with designated individuals within the emergency organization?	___	___
2. Does the plan authorize and direct a designated individual or his/her alternate to make the necessary value judgment promptly?	___	___
3. Is authority to activate any phase of the emergency program assigned to an individual who is backed by several responsible deputies or alternates?	___	___

Traffic Flow and Control

	YES	NO
1. Will the elevators be manned and controlled?	___	___
2. Is there a traffic control chart showing resident movement to and from bed areas to the discharged areas?	___	___
3. Will all entrances and exits be controlled?	___	___

	YES	NO
4. Will receiving docks, driveways and entrances be kept open for traffic?	___	___
Discharge Procedures		
1. Is a review program established in the plan for early and prompt review of all residents indicating the level of care required, where they could best be housed and when they should be discharged to ambulatory care?	___	___
2. Is there an organized discharge routine sufficiently streamlined to handle large numbers of residents on short notice?	___	___
3. Have provisions been made for evacuation of residents by utilizing private cars and all available transport belonging to facility staff?	___	___
4. Have arrangements been made for the return of residents to their families' homes or their accommodation in other residences?	___	___
Consolidation of Resident Areas		
1. Is there a predetermined schedule signifying the room arrangement for housing residents in emergency situations — which wards, etc.?	___	___
2. Are these areas systematically defined in the plan showing bed, mattress, or cot location; avenues of travel; source of supplies and utilities?	___	___
3. Are specific personnel assignments established and organized for the operation of these areas?	___	___
4. Does each area have a pre-established complement of bedside items?	___	___
5 Are reserve supplies of linens, bedding, and emergency clothing included in the plan?	___	___

	YES	NO
6. Is a floor plan posted in all unit?	___	___
Relocation of Residents to Expanded Bed Areas		
1. Is there a method for delegating authority and decision-making responsibility for such transfers?	___	___
2. Is there a schedule delineating staff assignments to continuation of care areas?	___	___
3. Is there a sequence for resident transfers along pre-established routes?	___	___
4. Is there a "time sequence" built into the plan designating the approximate moving times, assigned personnel, and priority of residents to specific locations?	___	___
Evacuation and Survival Planning		
1. Is there a survival area? If so, how adequate are emergency supplies and substitute utilities? What about physical safety — accessibility of location?	___	___
2. Is there a pre-determined schedule for the discharge of residents and evacuation of non-ambulatory residents and those requiring continuing care?	___	___
3. If the facility is endangered, has a plan been developed for its evacuation or the relocation of residents and staff?	___	___
Emergency and Reserve supply Availability		
1. Are bulk, easily prepared food items available locally?	___	___
2. Are emergency pharmacy stocks for treatment in reserve storage?	___	___

	YES	NO
3. Is there a pre-determined procedure for unlocking the storeroom and issuing critical items?	___	___
4. Is there a separate set of emergency keys for the stores department, pharmacy, laundry, etc?	___	___
Maintenance of Physical Plant		
1. Has the facility sufficient stand-by power to operate elevators, the communications system, and other necessary electrical appliances?	___	___
2. Is there a system of substitute fuel for the power plant?	___	___
3. Has provision been made for additional laundry services?	___	___
4. Has a plan for water conservation been included in the overall emergency operations plan?	___	___
5. Are there facilities for the storage of water?	___	___
6. Does the facility have an independent source of water?	___	___
7. Does the plan include a chlorination procedure for use in event of water contamination or conversion to as a substitute source of supply?	___	___
8. Are additional maintenance supplies and personnel available to support expanded activities in the facility?	___	___
Personnel Protection and Plant Safety		
1. Are evacuation routes diagrammed and properly designated?	___	___

	YES	NO
2. In case of fire, is a fire-control system included in the plan during emergency operations within the facility?	___	___
Internal Communication System		
1. In the event of a complete power failure, is there an organized messenger system to substitute for telephone or other electrical systems?	___	___
2. Is there a messenger pool? Will it be properly supervised?	___	___
3. Will messengers be provided with schematic area layout maps showing key areas for emergency operations?	___	___
4. Are "walkie talkie" type sets available for internal communications?	___	___
Vertical Transportation		
1. In the absence of power will there be an alternative to elevators, i.e., canvas stretchers, blankets, etc?	___	___
2. Are building maintenance supplies available, such as extension ladders, or block and tackle, which may be used to evacuate residents, personnel, and supplies from areas above ground floor level?	___	___
Food Services		
1. Are facilities for mass field station type feeding of personnel included in the plan?	___	___
2. Are there pre-established emergency menus and food dispensing routines?	___	___
3. Is the auxiliary kitchen assigned sufficient staff to prepare and distribute large quantities of food?	___	___

	YES	NO
4. Is the kitchen staff familiar with accepted chemical means of sanitizing or sterilizing eating and drinking utensils should the means of heating water be disrupted, or is there a supply source for disposable cups, plates, bowls and utensils?	—	—
5. Are emergency food supplies on hand?	—	—
6. Is there an established procedure for handling therapeutic and modified diets?	—	—
7. Is there a procedure for treating water to make it safe for human consumption?	—	—
8. Does the food service staff know how and where to requisition food during a major emergency and have delivery and financial arrangements been planned?	—	—
9. Are sanitation facilities properly organized for handling food, utensils, and food storage areas?	—	—
10. Is there planning for waste and garbage facilities?	—	—

Sewage and Waste Disposal Control

1. In the event of a breakdown of garbage and sewage removal systems , are sufficient substitute procedures included in the plan?	—	—
2. Is a substitute incinerator or a method of fill and cover for waste disposal provided?	—	—
3. Are insecticides and other normally available rodent and insect destroyers in reserve supply?	—	—

Records and Record Keeping

1. Is there an emergency record and tagging system for residents?	—	—

YES NO

2. Are the medical records and admissions departments organized to handle an increased number of residents? ___ ___

3. Is there a system for retention and safekeeping of valuable personal items removed from residents? ___ ___

4. Has a system been established under which the admitting area will provide status reports at stated intervals to headquarters and public information desk? ___ ___

Public Information and Media Releases

1. Does the plan provide for the individual responsible for the release of information to be centrally located in the emergency headquarters? ___ ___

2. Does it set up a system to ensure he/she is supplied promptly with adequate up-to-date information and provided with specifically assigned messengers? ___ ___

3. Is there a method to readily assemble requested information about a particular resident? ___ ___

Personnel Identification, Orientation, and Disaster Training

1. Has each employee been supplied with an identification card that will be recognized by local community emergency services authorities? ___ ___

2. Are all new employees instructed in emergency operations and given a copy of the plan under which they are to function? ___ ___

3. Is general interest maintained in the plan by frequent distribution of literature and the showing of appropriate slides and videos? (Training material available through the Office of the Fire Marshal) ___ ___

	YES	NO
Volunteers		
1. Is there a plan for participation of volunteers in emergency situations?	___	___
2. Is there an organized program to train volunteers for their roles in emergency situations?	___	___
3. Is there a centre in the facility to which volunteers will be referred in an emergency?	___	___
4. Has a plan been made for the assignments or gracious rejection of volunteers not previously associated with the facility?	___	___
Community Emergency Organizations and Other Agencies		
1. Does the plan include details relating to the procurement of supplies, services, and assistance from other facilities?	___	___
2. Is the method for contacting and communication with other emergency agencies included in the plan, i.e., are names, titles, code numbers, locations, etc., kept on file?	___	___
3. Does the plan provide for expansion of the facility's capacity by using nearby buildings, such as churches, schools, halls, etc.?	___	___
4. Does the plan call for coordinating facility activities with these community organizations:		
Emergency Social Services, for additional food and non-medical personnel to assist in the dietary service?	___	___
Transportation authority, for additional requirements?	___	___
Communications, for additional communication facilities?	___	___

	YES	NO
Municipal and/or provincially supplied utilities, i.e., water, electricity, etc.?	___	___
Law enforcement agency, for protection and maintenance of order?	___	___
Traffic control, to direct traffic and route ambulance vehicles?	___	___
Fire department, for fire protection?	___	___
Engineering, for removal of heavy debris and clearance of access routes to the facility?	___	___
Supply, for procurement of supplies beyond those available in the area?	___	___
Mortuary, for disposition of remains?	___	___
5. Does the plan provide for coordination with other facilities in the event of an emergency?	___	___
6. Does the plan provide for a single contact point in the community to provide those which the community normally provides and are contained in the Community Emergency Plan?	___	___

Frequency of Review and Evaluation of Existing Emergency Plan

1. Is the plan reviewed at least annually by a permanently assigned planning committee?	___	___
2. Are test exercises or drills conducted periodically? If so, how frequently?	___	___
3. Are critiques held after each test exercise?	___	___

Appendix 2

Sample Emergency Plan for a Special Care Facility

Sample Emergency Plan

The emergency plan contained in the following pages is merely an example. It does not refer to a specific institution or facility. The format and/or content of the sample plan may be altered and expanded to meet the needs of your facility.

Foreword

The emergency plan for this facility is issued under the authority of the administrator. (Also quote the applicable legislation, i.e., The Emergency Measures Act, The Homes for Special Care Act, etc.)

This plan is effective upon receipt and it supersedes all other emergency plans published prior to this date — such plans are to returned to the Administrative Office (Emergency Planning Coordinator) for destruction.

Suggestions for additions, deletions or amendments should be forwarded to the Administrative Office for action.

Joan Vanemep

Joan Venemep
Administrator

September 1996

SAMPLE EMERGENCY PLAN

RECORD OF AMENDMENTS

AMENDMENT NO	DATE	BY WHOM ENTERED

Note:

1. It is essential that the plan be kept current with all amendments included and recorded on this page as they are received and completed.

2. These are suggested points for those responsible for initiating amendments:

- use replacement pages instead of pen and ink amendments.
- identify each amending page at the bottom i.e. AL 1, June 13, 1992.
- if only a partial amendment, identify its location on the amending page with a straight line in the right hand margin opposite the change.

Preface

Emergencies can happen at any time and the ramifications can be very sobering and must be considered by all personnel.

An emergency situation could necessitate the evacuation of the premises, relocation of residents, survival in isolation or reception of persons from another facility. This plan is designed to deal with all of these situations and to provide total resources to alleviate the effects of any abnormal event.

It is imperative that the response to the plan is total and that all personnel are familiar with its contents and support its provisions.

SCEPP

Distribution

Internal	**Copy Number(s)**
Administrator	1
Assistant Administrator	2
Director of Nursing	3
Director of Maintenance	4
Director of Food Services	5
Emergency Coordinator (Administration working copy)	6

External

Include the name, address and copy number of persons or agencies who have been given copies of the plan. e.g.

Mr. J. Hoonose - EMO (N.S.)	7
Mrs Jane Doely, Community Services, Special care facility Standards,- Halifax	8
Municipal EMO	9
Spare Copies	10 -14

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Appendices

A. Glossary of Terms
B. Letters of Agreement
C. List of Translators
D. Organization
E. Responsibilities
F. Alerting Diagram
G. External Resources
H. Administrative Office Actions

Purpose

This part of the plan should state the purpose , e.g.,

> "The purpose of this plan is to state the action to be followed in any emergency which may affect the facility."

Objective

This part should outline the overall objectives of the plan, e.g.,

> "The objectives of this plan are:
>
> a. to ensure the safety and well-being of residents and staff are maintained in the event of;
>
> - an evacuation of the facility
> - a relocation to another facility due to a prolonged evacuation, or
> - a situation demanding isolation or survival operations.
>
> b. to ensure that the facility is able to receive and care for those relocated from another facility."

Glossary of Terms

Terms, definitions and abbreviations associated with emergency activities have a tendency to change over periods of time, so they should be included as a separate appendix. Refer to Appendix A for further details.

Authority

In this part of the plan, the writer should include any legislative authority or directive for the facility's operation and the operation of the plan. Suggested wording for some items that might be included is:

> "The authority to implement this plan, in whole or in part, is vested in:
>
> - the Administrator of the facility; or
> - the senior staff member on duty in the Administrator's absence."

At the time of an emergency, the Administrator's authority extends to everyone, including staff, residents and visitors.

During an emergency, the (title of staff position and alternate(s)) has the responsibility for commanding and controlling emergency operations."

All support services from outside agencies should be documented, agreed upon in writing and included in the plan as an appendix. Appendix B provides a list of support agencies.

Planning Assumptions

All assumptions, (general or specific), made in relation to the preparation or operation of the plan should be mentioned. This list offers suggested items:

"on the average, the numerical status of residents and staff is:

Residents

- 30 bedridden, level one care
- 40 feeble, level two care
- 60 mobile

Staff

- 75 (7 a.m. to 6 p.m.), and
- 25 (6 p.m. to 7 a.m.)

"During an emergency, communication with residents may present a problem as some residents speak only English and others speak only French, and some speak neither French nor English. Refer to Appendix C for a list of translators.

"The number of new residents relocated from another facility which can be accommodated is 70 for a maximum of three days and 40 thereafter.

Organization

Since organizations and related data have a tendency to change, it is suggested the information in this part be included as appendices. Suggested items for inclusion are emergency organizations and responsibilities of key personnel. Appendices D and E provide examples.

Alerting Procedures

A system for notifying and/or recalling personnel to duty during the "quiet hours" or the facility's operation is an integral part of the emergency plan.

There are numerous ways in which this can be accomplished. An example is shown in the alerting diagram in Appendix F. The alerting system may also be used to recall off-duty staff during normal hours.

Resources

All material and personnel resources required during an emergency should be documented in the plan. This includes available internal and external resources.

The status of resources continually changes, so it is advisable to use appendices rather than include them here. Some resources that might be included are:

Internal

- personnel - categories and numbers
- accommodation - beds and linens
- communications - normal and alternate
- transportation - numbers of vehicles and capacity
- food stocks - average inventory before replenishment required
- medical supplies - as for food stocks
- clothing - type and average amount

External

- accommodations - motels, schools and other similar facilities
- transportation - bus companies, taxis, ambulances
- medical - hospitals, drug stores
- personnel - doctors and volunteer groups
- clothing - clothing stores and volunteer groups
- food - grocers, fast food and volunteer groups

It is not sufficient to list resources only. You must include their location and the name of a contact for their release or use when required. This especially holds true for external resources. Appendix G provides a sample format for listing resources. Ideally your local municipal emergency planning organization should be able to support your requirement for external resources.

Implementation

This part of the plan should provide specific details on:

- when the plan is to be implemented;
- who has the responsibility for activating the plan; and
- how to proceed, or what actions should be taken to lessen the effects during emergency situations. Specific actions by staff personnel or functional areas should be included as appendices.

Appendix H provides an example of essential actions for implementation.

Training

"Why didn't anybody tell us what to do?" These words, uttered over and over again, normally after an occurrence, sum up and convey a message for the need of a comprehensive training program, the basis of which should be included in the plan.

The training directive could be included either in the main body of the plan or, if too detailed, as an appendix. The training portion should include:

- the name or staff position of the program coordinator,
- the types of training to be conducted,(a very good program is available through Health and Welfare Canada. It is conducted at the Canadian Emergency Preparedness College, located in Arnprior, Ontario.) These courses are funded by Emergency Preparedness Canada. For more information contact the Nova Scotia Emergency Measurers Organization.
- the names or staff position of the trainers, and
- the recipients of the training.

Note: For therapeutic reasons, it might be desirable to involve the residents.

Testing the Plan

No plan is complete unless it includes pertinent details for its testing. Some items for inclusion in this part are:

- the name or staff position of the exercise coordinator;
- the types of exercises to be conducted; and
- the times the plan will be tested each year.

Reviewing and updating the Plan

This part of the plan should include:

- the person or persons responsible for reviewing the plan and initiating follow-up action;
- the times of review (i.e., annually, after each exercise, etc.).

Appendix A - Glossary of Terms

Terms, definitions and abbreviations listed in this appendix could include:

- technical terms required to describe the available methods and resources for dealing with an emergency,
- administrative terms required to describe elements of the plan, and
- other terms associated with emergency activities.

The glossary of terms should be listed in alphabetical order.

Appendix B. Letters of Agreement

Written agreements in support of the emergency plan may be required from the following resources:

- community emergency planning organizations;
- police;
- medical and hospital services;
- transportation companies, such as bus, taxi, etc.;
- volunteer groups, such as Red Cross, Salvation Army, church or fraternal groups;
- relocation centres, such as similar facilities, church halls, schools, etc.;
- grocery stores;
- clothing stores;
- heating, fuel suppliers, i.e., oil, propane, etc.;
- municipal services, i.e. emergency or priority power restoration, snow removal, etc.

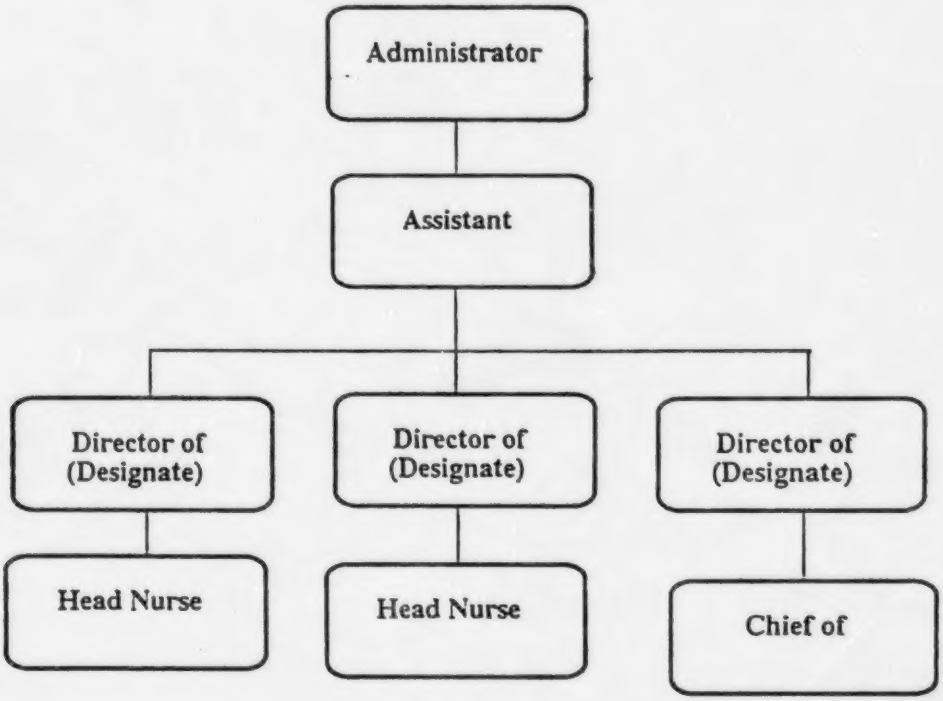
Appendix C. List of Translators

Language	Translator	Telephone Number
French	Pierrette Hebert	453-2133
Chinese	Mao Tse Young	459-2229
Italian	Ethel Parmigiani	648-6730
Spanish	Vasgo DeSoto	649-2719

Appendix D - Organization

The following chart provides a simple diagram of the organization and lines of authority/communication for emergency operations.

The use of staff titles rather than individual names is suggested.


Administrator
Assistant
Director of (Designate)
Director of (Designate)
Director of (Designate)
Head Nurse
Head Nurse
Chief of

NOTE: It is suggested that alternates are listed in each block. During an emergency, if someone is not available an alternate may be needed for continuity of operation. This provides lines of succession for command and control purposes.

Appendix E - Responsibilities (not complete)

Administrator

- Activate the emergency plan and provide direction to emergency operations.
- Supervise the provision of administrative services.
- Handle all media inquiries.

Assistant Administrator

- Control operations in the facility command centre.
- coordinate the activities of all departments/functional areas during emergency operations.
- Request and coordinate resources from external support services.
- Assume the responsibilities of the Administrator in his/her absence.

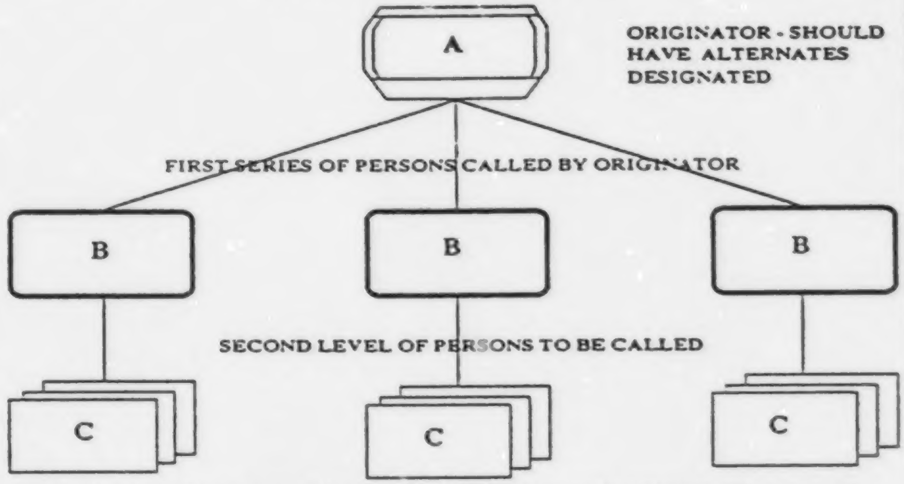
Director of Nursing

- Provide continuing care for residents.
- Evacuate residents when required.
- Prepare accommodation to receive relocated persons from another facility.
- Assume the responsibilities of the Assistant Administrator in his/her absence.

Appendix F - Alerting Diagram

This Appendix should illustrate the procedure for notification of all persons who may be required to report for duty. It will normally be based on communicating by telephone however in certain circumstances other forms of communication may be required. (e.g. public radio announcement, runners, etc.)

Typical Telephone Fan-Out Chart


A
ORIGINATOR - SHOULD HAVE ALTERNATES DESIGNATED
FIRST SERIES OF PERSONS CALLED BY ORIGINATOR
B
B
B
SECOND LEVEL OF PERSONS TO BE CALLED
C
C
C

The design of the fan-out system should enable the maximum number of people to be contacted in the shortest possible time. One basic type of system depicted above requires level A to call three people, level B each of whom in turn call three people level C. The system can be extended as far as required. Alternate contacts should be designated and this may be accomplished by designating all persons to be called out as partof a pre-determined group. Any member of the group may thus be required to ensure that all other members of the group are contacted.

Notes

1 One phone number for outside agencies might be sufficient, e.g. the police, municipal EMO who will call other agencies.

2. It is recommended no one person should call more than four others.

3 If the initial person is not available then the next in line is the alternate, but the alternate must be told he/she has to complete phoning the remainder of the group.

4 Cards should be prepared so that those responsible for phoning others have copies close by their business and residential telephones.

Appendix G - External Resources

Resource	Location	Contact	Business	Home
Food	Sobey's 243 Water St.	Mr. McNeil	693-3258	693-8743
Drugs	Shoppers Drug Mart	Mrs Gaudet	691-6790	693-6524
Transport	Trius Bus 15 King St.	Mr. LeBlanc	693-8741	693-9165
Personnel	Dr. King	Dr. King 345 Grafton St	690-0032	693-1153
Red Cross		Mr. Howes	693-2245	692-5571
Kinsmen Club		Mr. Hebert	690-4465	693-9986
Accommodation				
White Water		Mr. Linstre 241 Cedar St.	691-2245	693-9908
North York		Mrs Collingyu 425 Smythe	693-1115	693-9902

Appendix H - Assistant Administrator's Actions (not complete)

Staff Title: Assistant Administrator

Alternate: Director of Nursing

Personnel:
a. Assistant Administrator's Secretary
b. Two records clerks from administration

Location: Command Centre in Administrative Office

Alternate Location: Hospital Administrator's office in hospital adjacent to facility

1. Activate the command centre
2. Assess the situation and coordinate emergency operations
3. Issue warning order and notify key personnel
4. Prepare situation reports for the Administrator
5. Conduct current situation briefings for key personnel
6. Request support from external sources
7. Liaise with outside agencies
8. Depending on the nature of the emergency, proceed with the following actions.

Evacuation

When the order to evacuate has been given:

- Sound the alarm to evacuate the facility.
- Request external support services.
- Establish the alternate command centre.
- Request status reports from key personnel.

- Prepare for re-entry to the facility or relocation to the alternate facility.
- Request reports from key personnel on termination of the emergency.
- Review the emergency evacuation procedures.

Relocation

When the order to relocate has been given:

- Operate from the alternate command centre.
- Notify the relocation facilities.
- Dispatch advance parties to the alternate facility.
- Request external support services.
- Ensure priority of transfer of residents.
- Request status reports from relocation facilities.
- Visit the relocation facilities to identify problem areas.
- Prepare for a return to your facility.
- Request reports from key personnel and support facilities on termination of the emergency.
- Review emergency relocation procedures.

Survival

When isolation occurs:

- Assess the situation, i.e., probable time in isolation, communication with outside agencies, etc.
- Request reports from key personnel, departments, i.e., inventory of resources.

v. HOW TO RESPOND TO 'BORDERLINE' CASES:

There will often be cases coming to the attention of the Administrative Officer, or delegate, perhaps through an incident report or a Form I or other less formal means where there may be doubt whether there is sufficient information to warrant a report to a mandated children's services agency. Similarly, there may be doubt where the report is suspicious or the disclosure unclear. These 'borderline' or 'gray' cases will require some unique steps prior to a formal report to a mandated children's services agency. Therefore, when confronted with one of these 'borderline' or 'gray' situations, the Administrative Officer, or delegate, shall proceed with the following steps:

1. Meeting with the Alleged Child Victim: Where the allegation is unclear **AND ONLY** where the staff person receiving the initial disclosure has not obtained this information, the Administrative Officer, or delegate, may meet with the alleged child victim/youth and ask the alleged victim a few questions to obtain the basic details of the alleged incident.

   An example of an unclear disclosure might be a report from a staff person that a resident disclosed that "my counsellor hurt me." In this scenario, the Administrative Officer, or delegate, needs to understand what the child/youth means by "hurt me". In order to clarify the alleged incident, the Administrative Officer, or delegate, may, for example, say to the alleged victim, "I was told that you told Mr. Smith that your counsellor hurt you. I know that it might be hard for you to talk about this, but I am worried about you and I want to make sure you are alright. Can you describe for me what happened? Can you tell me what happened?" These types of open-ended questions provide the alleged child victim with an opportunity to clarify the alleged incident in a free flowing manner that is devoid of suggested answers or preconceived notions.

   Questions must be kept to a minimum. The sole purpose of this meeting is to ensure that the Administrative Officer, or delegate, has some understanding of the incident the child/youth is describing. This does not mean probing for all of the intimate details of the alleged incident, but, rather, to clarify, where absolutely necessary, **what, who, when, and where**. 'What' is the primary piece of information needed in order for the Administrative Officer, or delegate, to make a report to a mandated children's services agency. If the alleged victim is able to clarify 'what' the incident was up

front, then this is the basis of a report to a mandated children's services agency. Generally, when provided with an opportunity to describe the incident, the alleged child victim will also describe where the alleged incident occurred and who the alleged perpetrator is. Where the allegation is against a staff person or another resident and the alleged child victim/youth does not clarify the identity of the person alleged to have hurt them, the Administrative Officer, or delegate, may say to the child, for example, "I am concerned that someone has hurt you. Can you tell me where this happened and who hurt you?" This, again, provides the alleged child victim/youth with an opportunity to tell you in their own words who, where, and possibly when the alleged incident occurred.

IMPORTANT NOTE: It is important to remember that meeting with the alleged child victim/youth is an **exception** and should only occur where the Administrative Officer, or delegate, is confronted with an unclear disclosure.

2. **Documentation**: Where the Administrative Officer, or delegate, does meet with the alleged child victim/youth to obtain an understanding of an unclear disclosure, they shall document the child/youth's responses in the child/youth's own words immediately following the meeting **OR** not later than 24 hours after the meeting.

3. **Non-Identifying Child Protection Consultation**: Where the Administrative Officer, or delegate, has a clear description of '**what**' the allegation is **OR** had to meet with the alleged child victim/youth to clarify the alleged incident and they are still unsure if they have sufficient information to make a formal report to a mandated children's services agency, they **shall** contact the child protection unit of the local children's services agency for a non-identifying consultation. The Administrative Officer, or delegate, will tell the child protection worker what the allegation is, what they know about it, and ask if the matter should be reported formally.

   This consultation shall be done without providing the child protection worker with the names of the alleged child victim/youth or the alleged perpetrator. The primary purpose is simply to ascertain whether the matter is something that should be reported and receive direction from the agency regarding what, if any, further steps should be taken by the facility.

4. **Allegation Warrants Reporting**: Where the children's services agency confirms that a report should be made, the Administrative Officer, or delegate, shall make the report **immediately** and follow the procedures for reporting.

5. **Allegation Does Not Warrant Reporting**: Where the children's services agency advises that the matter does not need to be reported, the Administrative Officer, or delegate, should advise the staff person who reported the matter of the action taken (e.g., consultation with the local child protection unit), and what, if any, further action will be taken. Where the Administrative Officer, or delegate, received a Form I, Report of Alleged Child Abuse to the Facility Head and the Children's Services Agency, they shall provide the reporting staff person with a signed copy of Form I indicating that a consultation was made with the local children's services agency.

   Where the children's services agency advises that the matter does not need to be reported, the Administrative Officer, or delegate, shall also arrange for the child victim to be told that a report will not be made to the agency and what corrective action, if necessary, is being taken. This may be done by the Administrative Officer, or delegate, or an appropriate staff person.

7. **Advising Child Victim of Their Rights**: Where the alleged child victim still feels that they have suffered abuse, the facility staff shall advise the child of their rights, including the right to make a self-referral to a children's services agency, the right to file a complaint with the police, the right to speak, in private, with their placement worker and/or parent/guardian. Where an alleged child victim wishes to exercise any of their rights, the facility staff shall assist them in doing so.

8. **Internal Corrective Action in Non-Abuse Cases**: Where the allegation arose as a result of the use of physical restraint, or inappropriate conduct by a staff person, or a facility problem such as staff to resident ratios, the Administrative Officer, or delegate, shall pursue an appropriate course of corrective action, where appropriate, in accordance with relevant policies and procedures and/or Collective Agreements.

   IMPORTANT NOTE: Recognizing that these 'borderline' or 'gray' cases can even present a challenge to trained, experience child protection staff, it is important to remember that, when in doubt, the Administrative Officer, or delegate, should proceed with a non-identifying consultation with the child protection unit of the local children's services agency. Although this process may be time consuming, it is imperative that an outside, objective assessment is sought to ensure that all matters which warrant reporting to a mandated children's services agency are reported in accordance with the Children and Family Services Act and Regulations.

APPENDIX VII

PRI	REV	CATEGORY	SUB CATEGORY	PLANNING REQUIREMENT	INCL
1	93	Organization	Committee	Establishes Emergency Planning Committee	
1		Organization	Key personnel	Lists names & Telephone Nos of "Key" "internal" people	
1		Organization	Org chart	Plan provides an organization chart illustrating Lines of authority	
1		Organization	Outside agencies	Lists names & Tele Nos "outside" agencies	
1	93	Evacuation	Authority	Lists positions authorized to order evacuation	
1		Evacuation	Contact Info	Does plan provide contact method key pers required for evacuation.	
1	93	Evacuation	Principles	Establishes principles and guidelines under which evacuation may be ordered	
1		Evacuation	Regulation	Plan is designed to cope with " Emergency Evacuation"	
1		Evacuation	Tasks	Establishes staff responsibilities for evacuation	
1		Evacuation	Warning	Provides clear and simple evacuation warning system	
1		Evacuation	With Municipality	Establishes requirement for & sources of, outside assistance	
2		Evacuation	Priority	Establishes method & priority for evacuation.	
2		Evacuation	Records	Establishes records & document plan for evacuation	
2		Evacuation	Traffic Control	Establishes evacuation internal traffic control plan	
2		Evacuation	With Municipality	Establish evacuation, routes, alternates & destinations	
2		Evacuation	With Municipality	Establishes external traffic control	
2		Evacuation	With Municipality	Includes methods of contacting outside agencies	
1	93	Relocation	Authority	Lists positions authorized to order relocation	
1		Relocation	Contact Info	Establishes system to notify "Key" staff & outside agencies	
1	93	Relocation	Outside agencies	Lists names & Tele Nos "outside" agencies who may be required	
1	93	Relocation	Principles	Establishes principles and guidelines under which relocation may be ordered	
1		Relocation	Regulation	Plan is designed to cope with " Emergency Relocation"	
1		Relocation	Site Selection	Lists minimum of two relocation sites, internal & external and alternates	

PRI	REV	CATEGORY	SUB CATEGORY	PLANNING REQUIREMENT	INCL
2		Relocation	Accompaniment	Provides list of staff (and instruction) to accompany residents	
2	93	Relocation	Feeding	Establishes feeding methods at relocation site	
2		Relocation	Temp release	Provides for temporary release of selected residents	
3	93	Relocation	Feeding	Establishes feeding methods - en route	
3		Relocation	Material	Lists vital materials to be relocated, (medical, clothing, etc)	
3		Relocation	Material	Establishes material required at relocation site.	
3		Relocation	Reloc site SOP	Provides procedure (SOP) for utilization of a relocation centre	
1		Expansion	Authority	List authority for expansion or use as reception centre	
1		Expansion	Regulation	Plan is designed to cope with " Emergency Expansion"	
2		Expansion	Feeding	Establishes emergency feeding method	
2		Expansion	Identification	Establishes system of identification of new residents	
2		Expansion	Material	Establishes system and source for additional material, food, bedding, etc.	
2	93	Expansion	Principles	Establishes principles and guidelines under which expansion may be ordered	
2		Expansion	Records	Establishes records system for new residents	
2		Expansion	Tasks	Establishes emergency tasks of staff & new staff in expansion role	
2		Expansion	Temp release	Provides for temporary release of selected residents	
2		Expansion	With Municipality	Establishes sources of resources (additional material, food, bedding, etc.)	
2.		Expansion	With Municipality	Establishes outside help sources and contact list.	
3		Expansion	With Municipality	Lists names and telephone numbers of material suppliers	
1	93	Isolation	Authority	Lists positions authorized to implement isolation procedures	
1	93	Isolation	Communications	Establishes internal and external emergency communications plan	
1		Isolation	Life support	Covers emergency water, power, heat, light, cooking, refrigeration, etc.	
1		Isolation	Regulation	Plan is designed to cope with " Emergency Isolation"	

PRI	REV	CATEGORY	SUB CATEGORY	PLANNING REQUIREMENT	INCL
2		Isolation	Shelter	Establishes area of building to be used for shelter area	
2		Isolation	Staff	Establishes minimum staff required for isolated operation	
2		Isolation	Stockpile rotation	Provides guidance for rotation of perishable stockpiles	
2		Isolation	Stockpiling	List materials and equipment to be stockpiled and locations	
2		Isolation	Tasks	Establishes emergency tasks of staff & residents in isolation role	
3	93	Isolation	Principles	Establishes principles and guidelines which might require isolated operation.	
1	93	Coordination	Other Institutions	Is the plan coordinated with other institutions	
1		Coordination	Outside agencies	Is the plan coordinated with appropriate outside agencies,Fire Depts, Hosp, etc.	
1	93	Coordination	With Municipality	Is the plan coordinated with the municipal emergency plan	
2		Coordination	Relocation sites	Is the plan coordinated with designated relocation sites/agencies	
1	93	General	Bomb Threat	Does the plan detail action in event of a bomb threat	
1		General	Fire Safety	Does the plan direct a fire emergency plan and practise routine.	
1	93	General	Plan revision	Does the plan direct the time frame and assign responsibility for periodic plan revision a	
1		General	Plan Structure	Is the plan flexible and able to operate in a worst case scenario	
1	93	General	Plan Structure	Plan should contain signed letters of agreement from supporting agencies	
1		General	Training	Plan provides for planning organization and training	
2	93	General	Feeding	Plan should include an emergency water purification method	
1		Regulation	Plan Structure	Plan can be implemented without local departments assistance	
1		Regulation	Plan Structure	Plan established in co-operation with Municipal EMC or EMO Zone Controller	
1	93	Regulation	Plan Structure	Does plan calls for annual review and revision and exercise minimum every two years	
1		Regulation	Plan Structure	Plan requires call-out exercise once each year	

PRI	REV	CATEGORY	SUB CATEGORY	PLANNING REQUIREMENT	INCL
1		Regulation	Plan Structure	Plan requires call out directories are kept up to date	
1	93	Regulation	Plan Structure	Copy of plan is forwarded to Minister and other involved agencies - FD, EMO, etc.	
1		Regulation	Plan Structure	Plan and training requires all staff to be thoroughly familiar with evacuation	
1		Regulation	Plan Structure	Fire drill required minimum every six months	
1		Regulation	Plan Structure	Fire prot eqpt, alarms, extinguishers, doors, etc. checked/tested monthly	
1	93	Regulation	Plan Structure	Emergency services numbers posted and accessible, near all phones	
1		Training	Awareness	Does the plan ensure staff and residents awareness of the plan	
2		Training	Exercises	Does the plan provide for coordinated and routine exercising	
2		Training	Responsibility	Does the plan define the responsibility for conducting training	
3		Training	Methods	Does the plan describe the methods and timings for training	
2	93	General	Floor Plan	Plan includes floor plan indicating no of residents per room.	
2	93	General	Floor Plan	Floor plan indicates major storage areas of dangerous goods	
2	93	General	Hostage Taking	Lists procedures to be followed in event of hostage taking	

Proposed Revised Checklist -Special Care Facility Plan Review by Priority

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PRI	REV	CATEGORY	SUB CATEGORY	PLANNING REQUIREMENT	INCL
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PRI	REV	CATEGORY	SUB CATEGORY	PLANNING REQUIREMENT	INCL
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2		Isolation	Staff	Establishes minimum staff required for isolated operation	
2		Isolation	Stockpile rotation	Provides guidance for rotation of perishable stockpiles	
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2		Isolation	Tasks	Establishes emergency tasks of staff & residents in isolation role	
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2		Training	Responsibility	Does the plan define the responsibility for conducting training	
3	93	Relocation	Feeding	Establishes feeding methods - en route	
3		Relocation	Material	Lists vital materials to be relocated, (medical, clothing, etc)	
3		Relocation	Material	Establishes material required at relocation site.	
3		Relocation	Reloc site SOP	Provides procedure (SOP) for utilization of a relocation centre	

PRI	REV	CATEGORY	SUB CATEGORY	PLANNING REQUIREMENT	INCL
3		Expansion	With Municipality	Lists names and telephone numbers of material suppliers	
3	93	Isolation	Principles	Establishes principles and guidelines which might require isolated operation.	
3		Training	Methods	Does the plan describe the methods and timings for training	

APPENDIX IX

RESOURCE SERVICE AGREEMENT

BETWEEN

WALKER YOUTH HOMES INC.
(the Resource)

AND

(the CAS)

I INTRODUCTION

1.0 DEFINITIONS:

1.1 In this agreement the following words shall mean the following:

"Admission Date" shall mean the date upon which a Child is admitted to a Resource in accordance with section 5.6.

"Advocate" shall mean the office of Child Advocacy as set out in the CFSA.

"CAS" means The Children's Aid Society ________________.

"CFSA" means the Child and Family Services Act, RSO, 1990 c. C.11 and any amendments made thereto.

"Child" and "Children" shall mean any Child in the care of the CAS who may be, is or has been admitted to the Resource.

"Emergency Duty Worker" shall mean any employee of the CAS who is designated, from time to time, to respond to requests for service during non-business hours.

"Ministry" shall mean the Ministry of Community and Social Services of Ontario or such other Ministry or body which might be responsible for the CAS.

"Resource" shall mean the residential home or homes for Children operated by the Resource Licensee as Walker Youth Homes Inc. and any authorized representative of the Resource.

"Resource Licensee" shall mean Jeff Walker.

"RPAC" shall mean the Residential Placement Advisory Committee as set out in the CFSA.

"Social Worker" shall be the social worker employed by the CAS who is assigned to a Child from time to time.

2.0 PURPOSE OF AGREEMENT

2.1 This Agreement is to set out the obligations of the parties to this agreement related to the placement and care of Children.

3.0 AGREEMENT TO BE BOUND

3.1 The Resource Licensee, Resource and CAS acknowledge and agree to be bound by the CFSA as amended, by all Regulations made thereunder and by all directives issued by the Ministry.

3.2 The Resource Licensee acknowledges and agrees to be bound by all terms and conditions of its license.

II PLACEMENT PROCEDURE

4.0 PRE-PLACEMENT PROCEDURES

4.1 Where appropriate, the parties will arrange for a Child to visit the Resource before the Child is admitted to the Resource.

4.2 The CAS shall ensure that every Child to be admitted to the Resource is covered under the Ontario Health Insurance Plan ("OHIP") and, if necessary, will request prior to the Child being admitted to the Resource, that a health card be provided.

4.3 If appropriate, the CAS shall ensure that all required consent forms for the adminisuation of psychotropic drugs have been completed prior to the admission of a Child to the Resource.

5.0 ADMISSION PROCESS

5.1 The Placement Office will telephone the Resource Licensee when it intends to refer a Child to the Resource. The Resource Licensee will immediately advise the CAS if it is willing to receive any information regarding the Child.

5.2 If the Resource Licensee indicates that it is willing to receive information about a Child, the CAS shall supply the Resource Licensee with the following information regarding the Child:

a) social history;
b) academic history;

c) medical history;
d) psychiatric and/or psychological assessment reports;
e) court applications, affidavits, court orders; and/or
f) the Child's OHIP/Health number.

5.3 In the event that a Child is not admitted to the Resource the Resource Licensee shall immediately return the Referral Information to the CAS.

5.4 The CAS shall endeavour to forward the Referral Information to the Resource Licensee in a timely manner.

5.5 The Resource Licensee shall advise the CAS by telephone within 2 business days of its receipt of the Referral Information whether the Resource will accept the Child.

5.6 A Child shall be deemed to have been admitted to the Resource on the date when the CAS delivers the Child to the Resource subsequent to the confirmation by the Resource that it will accept the Child.

5.7 When a Child is admitted to the Resource, the Resource Licensee shall:

a) provide the Child with a copy of the rules and routines of the Resource;

b) provide the Child with a copy of a written form for the airing of general and specific complaints;

c) provide the Child with a complaint procedure which conforms to the requirements of the CFSA;

d) inform the Child of his or her rights and responsibilities as a resident of the Resource including RPAC and the Office of the Advocate;

e) complete and sign and deliver to the CAS an agreement and authorization to provide services to a Child in the form attached as Appendix 1;

f) complete a clothing checklist which shall be verified by the Social Worker; and

g) request permission from the Social Worker for any expenditures for clothing or other items for the Child which the Resource Licensee considers necessary.

5.8 When a Child is admitted to the Resource, the Social Worker shall:

a) advise the Resource Licensee of the date of any medical examination of the Child which occurred within the preceding 30 days; and

b) advise the Resource Licensee of the date of any dental examination of the Child which occurred within the preceding 6 month period, and

c) shall deliver to the Resource Licensee all clothing and belongings of the Child which are in the possession of the CAS.

6.0 MEDICAL EXAMINATION AT TIME OF ADMISSION

6.1 The Resource Licensee shall ensure that within 72 hours after the Admission Date, the Child shall have a general medical examination by a licensed physician in accordance with CFSA RSO 1990 Reg. 70, s. 84.

6.2 The Resource Licensee shall request a report from the physician who examined the Child and shall deliver the report to the Social Worker within one week of the medical examination.

6.3 Notwithstanding Section 6.2, the Resource Licensee shall immediately advise the CAS of any serious illness or medical condition identified by the licensed physician who examined the Child.

6.4 If the CAS has advised the Resource Licensee that the Child had been examined by a licensed physician within 30 days prior to the Admission Date, the Resource Licensee is not required to have the Child examined by a physician pursuant to this section.

7.0 DENTAL EXAMINATION AT TIME OF ADMISSION

7.1 The Resource Licensee shall ensure that within 90 days of the Admission Date, the Child shall have a dental examination by a licensed dentist in accordance with CFSA RSO 1990 Reg. 70. s. 84(5).

7.2 The Resource Licensee shall provide a copy of a report prepared by the dentist who examined the Child in accordance with Section 7.1 to the Social Worker within one week of the date of the dental examination.

7.3 If the CAS has advised the Resource Licensee that the Child had been examined by a licensed dentist within 6 months of the Admission Date, the Resource Licensee shall not arrange for the Child to have a dental examination pursuant to this section.

III PROVISIONS DURING CHILD'S RESIDENCY AT THE RESOURCE

8.0 PROGRESS REPORTS AND PLAN OF CARE

8.1 The CAS and the Resource Licensee shall at the times indicated in this agreement, prepare a written plan of care, in accordance with the standard practices of the CAS, as established from time to time ("Plan of Care").

8.2 The first Plan of Care shall be prepared within 30 days of each Child's Admission Date.

8.3 Where deemed appropriate, the Child, the family and others shall have input into a Plan of Care.

8.4 The Social Worker, Resource Licensee and the Child shall review each Plan of Care at least once every 3 months and shall revise each Plan of Care as necessary.

8.5 The Resource Licensee will provide the Social Worker with a written report advising the CAS how each Plan of Care addresses each Child's developmental needs ("Progress Report") within 30 days of each Child's Admission Date and every 30 days thereafter until the 6 month anniversary date of each Child's Admission Date.

8.6 After the 6 month anniversary date of each Child's Admission Date, the Resource Licensee will provide the Social Worker with a Progress Report at least every 3 months.

8.7 Every Plan of Care shall set out a proposed date and location for the discharge of the Child from the Resource.

9.0 ANNUAL MEDICAL EXAMINATIONS AND REPORTS

9.1 The Resource Licensee shall:

9.1.1 ensure that each Child shall receive an annual general medical examination by a licensed physician including, and where necessary an eye examination, and shall forward a written copy of the report of the examination to the Social Worker within 1 week of the examination;

9.1.2 pay for prescription drugs required by a Child to a maximum of sixty (60) dollars for each period of six (6) months that the Child is residing at the Resource.

9.1.3 supply a copy of any medical report which it has in its possession to the Social Worker within one week of its receipt of such report.

9.1.4 ensure that a member of the Resource staff accompanies any Child to all of the Child's medical appointments unless otherwise directed by the Social Worker.

9.1.5 immediately notify the Social Worker when a Child requires emergency medical treatment.

9.1.6 submit to the Social Worker a written incident report of any emergency examination and/or medical treatment within 2 days of the examination or treatment.

10.0 ANNUAL DENTAL EXAMINATIONS AND REPORTS

10.1 The Resource Licensee shall:

10.1.1 arrange for each Child to receive an annual dental examination by a licensed dentist within one year of the previous dental examination.

10.1.2 pay the costs of each Child's dental care up to a maximum amount of thirty ($30.00) dollars for each period of six (6) months that a Child resides at the Resource.

10.1.3 deliver a copy of every dental report to the Social Worker within one week of receipt of the report by the Resource Licensee or staff at the Resource.

10.1.4. ensure that a member of the Resource staff accompanies a Child to any dental appointment for the Child unless otherwise directed by the Social Worker.

10.1.5. immediately notify the Social Worker when a Child requires emergency dental treatment.

11.0 PSYCHOLOGICAL/PSYCHIATRIC EXAMINATIONS

11.1 The Resource Licensee shall arrange for psychological and/or psychiatric services for a Child if requested by the Social Worker.

12.0 MEDICATION

12.1 The Resource Licensee shall ensure that staff at the Resource is aware of and follow the following procedure for the administration of prescription and non-prescription medication:

12.1.1 the Resource staff member shall check the medication container to verify that the medication is prescribed for the correct Child;

12.1.2 the Resource staff member shall check the medication container to verify the appropriate dose and frequency of administration of the medication;

12.1.3 the Resource staff member shall administer the medication in accordance with the directions indicated on the medication container;

12.1.4. the resource staff member shall verify that medication to be taken by mouth was swallowed;

12.1.5 if for any reason a Child does not receive his medication, the Resource staff member shall note the reason and the fact that the dosage was missed in the Child's log book; and

12.1.6 the Resource staff member shall ensure medication is returned to a secure location immediately after administering medication to a Child.

12.2 The Resource Licensee shall ensure that all staff at the Resource shall be aware of any known side effects of any medication prescribed for a Child. If a Child exhibits any side effects to any medication administered to him or her in the Resource, the Resource Licensee shall immediately notify the Social Worker and, if appropriate, the Child's physician.

12.3 The Resource Licensee shall make and attend any appointment with the Child's prescribing physician to renew a prescription if required.

13.0 PSYCHOTROPIC MEDICATION

13.1 The Resource Licensee shall ensure that prior to the administration of psychotropic medication, a consent in the form attached as Appendix II has been completed by the Social Worker if the Child is not capable of consent or a Child if the Child is capable of consenting to the administration of the medication.

13.2 Notwithstanding Section 13.1, the Resource Licensee may administer psychotropic medication without a signed consent form if, in the opinion of the Resource Licensee and a licensed physician an emergency situation exists and the Child requires psychotropic medication which has been prescribed for him.

13.3 The Resource Licensee shall immediately contact the Social Worker if the Child needs psychotropic medication in an emergency.

13.4 If a Child is on psychotropic medication at the time he or she is admitted to the Resource, the Social Worker shall provide the Resource Licensee with a completed consent in the form attached as Appendix II and written instructions regarding the proper administration of the medication.

14.0 SERVICES

14.1 The Resource Licensee shall perform a criminal record search on each of its employees, volunteers or other agents who may have direct contact with a Child and on any employee, volunteer or agent of the Resource.

14.2 The Resource Licensee shall ensure that the following information is posted clearly in a conspicuous place in the Resource:

a) a copy of the rules and routines of the Resource;
b) a complaint procedure which conforms to the requirements of the CFSA; and
c) a form for airing specific and general complaints.

14.5 The Resource Licensee shall inform the Child of his rights and responsibilities as a resident of the Resource including access to RPAC and to the Office of the Advocate every 6 months. The Resource Licensee shall provide the Social Worker with written confirmation that it has complied with the provisions of this section within one week of doing so.

15.0 CONFIDENTIALITY

15.1 The Resource Licensee agrees that all information received by it or by staff at the Resource with respect to a Child shall be kept secure in a central filing system of the Resource Licensee.

15.2 The Resource Licensee shall ensure that it and all directors, officers, employees, agents and volunteers of the Resource will hold confidential and will not disclose or release to any person or agency at any time during or following the term of this agreement, except where required by law, any information about any Child, the biological parents or siblings of a Child or other individual in receipt of services from the CAS, the Resource Licensee or the Resource without the prior written consent of the Social Worker.

15.3 The Resource Licensee shall not provide any written information to a Child without the prior consent of the Social Worker. The Social Worker may consent verbally to the release of information to the Child. The Social Worker shall confirm in writing his or her authorization to the release of information by the Resource Licensee to the Child and the Resource Licensee shall maintain the written confirmation of the authorization of release of information in the Child's file.

15.4 Notwithstanding section 15.3, the Resource Licensee may, upon request by a Child, review the daily log maintained in the Resource without prior approval of the CAS.

16.0 REPORTS

16.1 The Resource Licensee shall telephone the Social Worker at least twice a month and shall advise the Social Worker of the Child's progress at the Resource.

16.2 The Resource Licensee shall, once every 3 months provide written reports to the Social Worker with respect to each Child's social and emotional health. These reports shall include, but will not be limited to information on the following matters:

16.2.1 dates and frequency of all visits by the Child with his family or any other overnight or frequent visits with or by any person;

16.2.2 the behaviour of the Child when he returns to the Resource after a visit;

16.2.3 Child's relationships with peers and adults at the Resource and at school;

16.2.4 the Child's functioning level according to goals and interests; and

16.2.5 dates and outcome, including medication prescribed, of all medical and dental appointments, school meetings and suspensions, restraints and court appearances.

16.3 The Resource Licensee shall document and report immediately to its Ministry Program Supervisor and the Social Worker any Serious Occurrence as defined by the Ministry.

16.4 The Resource Licensee shall forward a written report to the Social Worker of any significant event which does not constitute a Serious Occurrence including any incident in which a Child is alleged to have been the victim or the perpetrator of violent acts within 48 hours of the Resource Licensee being advised of such event.

16.5 If the Resource Licensee or staff at the Resource shall have physically restrained a Child, the Resource Licensee shall prepare a report outlining how the Child was restrained and why.

16.6 The Resource Licensee shall immediately provide the Social Worker with a written report concerning each written complaint from a Child upon receipt by the Resource Licensee of the Child's complaint. The report prepared by the Resource Licensee shall include the solution or proposed solution to the problem identified by the Child.

16.7 The Resource Licensee shall immediately advise the Social Worker of all allegations and accusations of any criminal or improper behaviour made by any person against the Resource Licensee, and any employee or agent of the Resource or Resource Licensee, including but not limited to a Director, employee, or volunteer of the Resource Licensee or Resource or any babysitters or temporary caregivers of the Child.

17.0 ATTENDANCE AT COURT

17.1 The Resource Licensee shall advise the Social Worker of all court dates for a Child as soon as reasonably practicable after the Resource Licensee becomes aware of the dates. The Resource Licensee shall ensure that the

Child is accompanied by an employee of the Resource to all court appearances.

17.2 The Resource Licensee shall notify the Social Worker immediately when any Resource staff are subpoenaed or requested to give evidence at a hearing by a party other than the CAS with respect to a Child or to the provision of service to a Child.

17.3 The Resource Licensee shall prepare written reports or affidavits for filing with the Court as requested by the Social Worker. All such reports shall not be released to any other person or party or filed with the court without the prior approval of the Social Worker. A copy of the report shall be given to the Social Worker before the report is filed in court.

17.4 If the Resource Licensee or any employee, volunteer or director of the Resource or Resource Licensee is requested to provide a pre-sentence report for a Child, the Resource Licensee shall contact the Social Worker. The Social Worker and the Resource Licensee shall then jointly devise a plan which, in their opinion, addresses the Child's needs. If the Child's Probation Officer contacts the CAS directly to request a pre-sentence report, the Social Worker will contact the Resource Licensee to arrange a meeting so the Social Worker and the Resource Licensee may devise a plan for the Child.

18.0 SCHOOL

18.1 The Resource Licensee shall:

18.1.1 Arrange in consultation with the Social Worker, for appropriate enrolment of the Child in school.

18.1.2 Advise the Social Worker of the date and time of any school conferences in advance of such conferences.

18.1.3 Attend school conferences, including an Internal Placement Review Committee and monitor school progress.

18.1.4 Forward copies of all school documents including report cards and notices of suspension to the Social Worker upon receipt of same.

19.0 ABSENCE FROM THE RESOURCE WITH PERMISSION

19.1 The Resource Licensee shall obtain the permission of the Social Worker prior to allowing a Child to attend at the residence of any employee, volunteer or family of any employee or volunteer of the Resource.

19.2 If a Child indicates that he wishes to visit at another home for more than 8 hours, the Resource Licensee shall ensure the Child will be safe and properly supervised at that home.

20.0 ABSENCE WITHOUT LEAVE (A.W.O.L.)

20.1 The Resource Licensee shall notify the CAS within four (4) hours that staff at the Resource has become aware that a Child is absent without leave from the Resource. The Resource Licensee shall contact the Social Worker during regular office hours, or the Emergency Duty Worker after regular office hours. Unless immediate action is required, A.W.O.L. situations need not be reported between midnight and 8:00 a.m. but shall be made forthwith thereafter and before 9:00 a.m.

20.2 The Resource Licensee shall notify the local Police Department by filing a Missing Persons Report as soon as the Resource is aware that a Child has been away from the Resource without leave for four (4) hours. The Resource Licensee shall provide the report number to the Social Worker during regular CAS office hours or to the Emergency Duty Worker after regular CAS office hours.

20.3 When the Child has been located and returned to the Resource, the Resource Licensee shall immediately advise the local Police Department and the CAS.

20.4 The Resource Licensee shall cancel the Missing Persons Report once the Child has been located.

21.0 CONSENTS FOR BORDER CROSSING/TRAVEL

21.1 A Child shall not travel or visit outside the province of Ontario without the prior written consent of the CAS which shall be obtained by the Resource Licensee.

21.2 The Resource Licensee shall ensure that any Child who shall be travelling outside Canada is covered by appropriate medical insurance.

22.0 FAMILY VISITING

22.1 The Resource Licensee shall make the Child available for visits with his family at the times and at the place recommended by the Social Worker and as may be set out in the Child's plan of care.

23.0 DISCIPLINE

23.1 The Resource Licensee understands that corporal punishment and locked isolation are prohibited forms of discipline.

23.2 The Resource Licensee and staff of the Resource shall not punish or attempt to punish or control or attempt to control a Child using any of the following means:

a) striking, either directly or with any physical object;
b) shaking, shoving, spanking or other forms of aggressive physical contact;
c) punishment of a Child by another Child or group of Children which is at the instigation of or condoned by, staff or foster parent family;
d) requiring or forcing the Child to repeat physical movements;
e) harsh, humiliating, belittling or degrading responses of any form, including verbal, emotional or physical responses;
f) deprivation of what the Child is entitled to, or what is necessary for proper development, care, or treatment including, but not limited to, family visits, food, shelter, clothing or bedding;
g) extensive withholding of emotional response or stimulation;
h) placing or keeping a Child in a locked room;
i) requiring the Child to remain silent for long periods of time;
j) the use of mechanical or excessive physical restraint;

k) exclusion of the Child from entry to the home or residence;
l) assignment of unduly physically strenuous or harsh work;
m) prolonged confinement to bed;
n) threatening the removal of the Child from the home; and
o) deliberate destruction of a Child's property in retaliation for undesirable behaviour.

23.3 The Resource Licensee shall not give consent for corporal punishment to any school authority with jurisdiction over a Child.

23.4 The Resource Licensee shall document all physical restraints used for a Child and shall report such incidents to the CAS as set out in section 16.5.

24.0 PARTICIPATION IN RECREATIONAL/ATHLETIC PROGRAMMING

24.1 The Resource shall provide appropriate and adequate safeguards and supervision for any recreational or athletic programs in which a Child participates within the Resource or elsewhere.

25.0 RELIGIOUS FREEDOM

25.1 The Resource Licensee will ensure that every Child has an opportunity to attend, or not to attend, religious services of his or her choice subject to direction of the biological parents (CFSA S. 102). The CAS recognizes that in some cases the biological parents will have to make suitable arrangements for the designated worship and the CAS will endeavour to assist the biological parents and the Resource staff to ensure that the Child has the opportunity to worship in accordance with his or her faith.

X 26.0 SOCIAL WORKER

26.1 The CAS shall ensure that a Social Worker visits each Child privately within 7 days of the Child's Admission Date.

26.2 The CAS shall ensure the Social Worker visits the Child privately at least once every 3 months after the Child's Admission Date.

26.3 The Social Worker shall speak with the Resource Licensee by telephone at least two times a month.

27.0 CLOTHING

27.1 The CAS shall ensure that any Child admitted to the Resource has adequate clothing in accordance with the Resource clothing checklist for the season in which the Child was admitted to the Resource.

27.2 If, in the opinion of the Resource Licensee Child requires clothing which has not been provided by the CAS, the Resource Licensee shall identify to the Social Worker the clothing that the Child needs. The Resource Licensee may purchase such clothing and the CAS shall reimburse the Resource Licensee for the cost of such clothing when an invoice for the clothing is forwarded by the Resource Licensee to the CAS.

27.3 The Resource Licensee shall ensure that the Child has adequate clothing for the seasons following the season in which a Child is admitted to the Resource.

IV DISCHARGE OF A CHILD

28.0 TRANSFER/MOVEMENT/DISCHARGE OF CHILD

28.1 If the Resource Licensee wishes to move a Child from one residence which forms part of the Resource to another residence within the same system, the Resource Licensee shall advise the CAS of its decision to move the Child.

28.2 Within 30 days of the Admission Date of each Child, the Child's Social Worker and the Resource Licensee shall establish a discharge plan for the Child. The Child and his family may have input into the discharge plan if appropriate in the opinion of the Social Worker.

28.3 If, in the opinion of the Resource Licensee, the placement of a Child within the Resource is no longer appropriate or in the best interests of the Child, the Resource Licensee shall contact the Social Worker and request that a case conference for pre-mature discharge of the Child be convened. The case conference shall be held within 7 days of the date that the Resource Licensee advises the Social Worker that it wishes for the conference to take place. The CAS shall ensure that the Social Worker, or any other persons who, in the opinion of the CAS are necessary for a full discussion of the Child's plan of care attend the case conference. The participants in the case conference shall review the placement of the Child, and shall revise the Child's plan of care, or make recommendations for the discharge of the Child from the Resource as required. If the participants in the case conference decide that a Child should be removed from the Resource, the CAS shall advise the Resource Licensee how much time it anticipates, but not longer than fourteen (14) days, will be necessary to find another suitable placement for the Child.

28.4 Prior to a Child being discharged from the Resource, the Resource Licensee shall:

a) arrange for the Child to have a medical examination by a licensed medical practitioner;

b) provide a copy of the report of the physician who examined the Child pursuant to S.28.5(a) to the Social Worker within one week of the date of the examination; and

c) prepare a list of the clothing the Child had in her possession at the time she was discharged and provide a copy of the list to the Social Worker within one week of the discharge of the Child from the Resource.

29.0 REMOVAL OF CHILD

29.1 If, in the opinion of the CAS or Resource Licensee, a Child's presence in the Resource poses a serious threat to himself or others and if other community services to maintain the Child in the Resource are not available, appropriate or sufficient, the CAS shall immediately discharge the Child from the Resource. The Resource Licensee and the staff at the Resource shall take all steps necessary to facilitate this discharge and the admission of the Child to another facility.

V FINANCIAL MATTERS

30.0 PER DIEM RATE

30.1 The CAS shall:

30.1.1 Pay to the Resource Licensee a per diem rate for each Child which shall not exceed the Ministry advised rates (See Appendix "III").

30.1.2 Pay for the first day a Child is placed or admitted to the Resource, but shall not be responsible for any payments for the day a Child is discharged from the Resource.

30.1.3 Reimburse the Resource Licensee each month for each day that a Child has resided at the Resource during that month.

30.2 The Resource Licensee shall:

30.2.1 Provide to the CAS a monthly statement identifying the names of Children occupying beds in the Resource and the dates such service was provided.

30.2.2 Provide the following services in exchange for the per diem rate:

a) food;
b) shelter;
c) transportation (as outlined in Section 32);
d) personal care products such as hygiene products, cosmetics;
e) non-prescription drugs;
f) prescription drugs to a maximum of $60.00 for every 6 month period the Child is at the Resource;
g) medical examinations;
h) dental examinations of less than $30.00 for every 6 month period that the Child resides at the Resource;
i) school supplies;
j) general recreation including equipment and registration fees up to one-hundred (100) dollars per year;

k) birthday gifts;
l) spending allowance for each Child;
m) clothing allowance for the purpose of maintaining an appropriate wardrobe for the Child but not including any exceptional clothing such as uniforms;
n) long distance telephone calls up to ten (10) dollars per month.

30.2.3 The Resource Licensee shall forward an invoice to the CAS for all expenses incurred by the Resource Licensee for which it is requesting payment by the CAS. The Resource Licensee shall provide the CAS with receipts attached to all invoices.

31.0 HOLDING RATE

31.1 When a Child has been discharged or otherwise left the Resource, the Resource Licensee shall contact the CAS and request instructions on how long the Resource should hold a bed. The CAS shall immediately indicate to the Resource Licensee whether a bed should be held and for how long.

31.2 If a Child is A.W.O.L. for more than fourteen (14) days the Resource Licensee shall contact the CAS to request instructions on how long to hold a bed for the Child.

32.0 TRANSPORTATION

32.1 The Resource shall assume the cost of all transportation of a Child for voyages of less than two hundred (200) kilometres each.

32.2 The CAS shall assume the cost of all transportation of a Child for voyages of more than two hundred (200) kilometres each.

33.0 SPECIAL CARE RATE AGREEMENTS

33.1 A Special Care Rate Agreement shall be considered by the Society at the request of the Resource Licensee.

33.2 To make such a request, the Resource Licensee shall deliver to the CAS a completed Special Care Rate Agreement in the form attached as Appendix IV.

33.3 If the Resource Licensee wishes to renew a Special Care Rate Agreement it shall deliver to the Social Worker a completed Special Rate Application in the form attached as Appendix IV.

34.0 OTHER COSTS

34.1 The CAS shall reimburse the Resource Licensee for any expenses incurred by a Child for optical care and orthodontal care, provided that Resource Licensee has submitted a written invoice to the CAS and has obtained the Social Worker's prior consent.

VI GENERAL

35.0 TERM OF CONTRACT

35.1 This contract is from....................to...................... Should the parties wish to enter into a new contract it shall be negotiated between the parties and completed at least 30 days prior to the expiry of this written contract. In the event that a new contract is not completed for any reason, the terms of this contract shall survive and remain in force.

35.2 All the terms and conditions of attached Schedule(s) are incorporated into this agreement except where they are inconsistent with this agreement. This agreement and the attached Schedule(s) embody the entire agreement and supersede any other understanding or agreement, collateral, oral or otherwise, existing between the parties at the date of execution.

36.0 PROVINCE OF ONTARIO

36.1 This contract shall be interpreted in accordance with the laws of the province of Ontario.

37.0 INTERPRETATION

37.1 Words importing the singular number only shall include the plural and vice versa and words importing the neuter gender or masculine or feminine gender shall include the masculine and feminine genders where the context so requires.

37.2 The headings of the respective sections are intended for convenience of reference only and do not purport to embrace the entire contents of such sections and shall not affect the interpretation of this agreement.

37.3 If any section, subsection, clause, subclause, paragraph, word, combination of words or other portion of this agreement shall be held illegal, invalid, or unenforceable, then the illegal, invalid or unenforceable portion shall, only in the circumstances, be stricken from this agreement and the remaining provisions of this agreement shall be considered as if the portion so struck does not form part of this agreement.

37.4 The provisions hereof embrace the entire understanding of the parties with respect to the subject matters of this agreement and there are no understandings or arrangements between the parties with respect to such matters which are not set forth herein.

39.0 - NOTICE

39.1 Any notice required or permitted to be given hereunder shall be in writing unless otherwise noted and shall be effectively given if:

i) delivered personally,
ii) sent by pre-paid courier service or mail; or
ii) sent pre-paid by telecopier, telex or other similar means of electronic communication addressed to the last known address provided to the CAS and Resource.

Any notice so given shall be deemed conclusively to have been given and received when so personally delivered or sent by telex, telecopier or other electronic communication or on the second day following the sending thereof by private courier or mail.

40.0 - ACCEPTANCE

40.1 This Agreement is open for acceptance by the CAS until ____________________.

40.2 If this Agreement has not been duly executed by the CAS and returned to the Resource Licensee by the aforementioned date, the terms of this Agreement shall not be binding on either party.

DATED at , Ontario this day of , 19 .

Per:
Walker Youth Homes Inc.

ACCEPTED at this day of , 19

Witness

Per:
The Children's Aid Society of ____________

March 13, 1996
JW

APPENDIX X

Missing Resident Report

Name of Missing Resident: ____________________

Date of Birth: ____________________

Name of Facility: ____________________

Name of Placing Agency: ____________________

Name of Worker: ____________________

Date of Incident: ____________________

Resident noticed to be missing at: ____________ (Time/Date) **from:** ____________ (Area)

Resident turned at: ____________________

Staff able to locate resident: Yes: _____ **No:** _____ **(without Police assistance)**

Police called to assist in locating missing resident: Yes: _____ **No:** _____

Comments:

____

____

____

____

____

____

____

____

Placing Agency, family/guardian, as applicable, notified of resident's absence and return: Yes: _____ **No:** _____

Date and times of notification: ____________________

____

____

General Comments:

____

____

____

____

____

____

____

____

Date of Report: ____

Report completed by: ____

(Name/Signature)

Date report forwarded to the Placing Agency: __________________________